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DLN: 93493267002050

Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public

		<u>'</u>						Inspection
			ndar yea	r, or tax year beginning 04-01 C Name of organization	-2009 and ending 03-31-20	10	D Employer i	dentification number
			lease se IRS	The Pride Foundation				
_	lress ch	la	bel or	Doing Business As			91-13250 E Telephone	
	ne char	tv	rint or /pe. See				(206) 323	3-3318
	ıal retur	Ir	pecific 1struc-	Number and street (or P O box I 1122 E Pike No 1001	mail is not delivered to street add	ress) Room/suite	, ,	ts \$ 14,872,217
	minated		ons.	1122 E FIRE NO 1001				
	ended r			City or town, state or country, ar Seattle, WA 98122	d ZIP + 4			
Арр	lication	pending						
				ne and address of principal off	icer	<b>H(a)</b> Is the	s a group retu	
			_	xworthy EPike No 1001		affilia	tes?	ΓYes <b>Γ</b> No
				,WA 98122		H(b) Are al	l affiliates inclu	uded?
			_			If "No	o," attach a lis	st (see instructions)
<b>I</b> Tax	x-exem	pt status	<b>✓</b> 501(c)	(3) <b>◄</b> (insert no )	1) or   527	H(c) Grou	p exemption i	number 🟲
J W	ebsit e	∷ <b>⊨</b> www	PRIDEF	OUNDATION org				
<b>K</b> Forn	n of org	ganization 🔽	Corporat	ion Trust Association Othe	· <b>þ</b>	L Year of fo	rmation 1985	<b>M</b> State of legal domicile
						•		WA
Pal	1 I			e organization's mission or mo	est significant activities			
				ort gay & lesbian community i				
<u>2</u>								
<u> </u>								
Governance	2	Check this	s box ►	ıf the organization discontin	ued its operations or dispose	d of more than	25% of its ne	t assets
	1			nembers of the governing bod				325
න්   ග	1		_	dent voting members of the g				4 25
⊒ ⊒	5	Total num	berofen	nployees (Part V, line 2a) .				514
Activities &	6	Total num	ber of vo	lunteers (estimate if necessa	ry)			6560
₫	7a	Total gros	s unrela	ted business revenue from Pa	rt VIII, column (C), line 12			<b>7a</b>
	b	Net unrela	ted busi	ness taxable income from For	m 990-T, line 34			<b>7b</b> (
						Prio	r Year	Current Year
a,	8			d grants (Part VIII, line 1h)			1,965,727	2,470,459
ii l	9			revenue (Part VIII, line 2g)				0
Revenue	10			ne (Part VIII, column (A), line			-540,554	· ·
_	11		•	art VIII, column (A), lines 5,			452,927	425,750
	12			dd lines 8 through 11 (must e		ne	1,878,100	3,242,100
	13			er amounts paid (Part IX, colu			784,852	1,234,158
	14	Benefits	paıd to o	r for members (Part IX, colum	n (A), line 4)			0
es l	15		otherco	ompensation, employee benefi	ts (Part IX, column (A), lines	5-	002.001	600 220
Expenses	46-	10)		and the second s	(A.) I		892,091	699,230
<u>æ</u> .	16a			raising fees (Part IX, column			37,360	14,453
Ā	ь			enses (Part IX, column (D), line 25)			600 637	704 104
	17 18			Part IX, column (A), lines 11: Add lines 13–17 (must equal	•		689,637	704,184
	19	•		penses Subtract line 18 from			-525,840	2,652,025 590,075
<u>~~~</u>		Revenue	1033 0 0 1	Jenses Subtract fine 10 from		Beginning	of Current	
න් මෙදිරි   ම							ear	End of Year
155. B 24.	20	Total ass	sets (Par	t X, line 16)			63,326,198	63,045,937
Not Assets or Fund Balances	21			Part X, line 26)			43,916,834	
	22			d balances Subtract line 21 f	rom line 20		19,409,364	24,778,732
Par	t II	Signat						
				rjury, I declare that I have examine correct, and complete Declaration of				
		l <u> </u>						
Sign		******	re of office			2010- Date	09-23	
Here	=	1.				Date		
			xworthy Tr print nam	reasurer e and title				
		<b>P</b>			Date	Check If	Drenarer's idea	ntifying number
Paid		Preparer's signature	Howar	d Donkin CPA	2010-09-22	self-	(see instruction	
Paid Prepa	rer'e	empolyed •						
Use C		if self-emplo	oyed),	P			EIN Þ	
	····y	address, an	d ZIP + 4	600 Stewart Street Suite 1900			Phono no •	(206) 628-8990

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Pride Foundation connects, inspires and strengthens the Pacific Northwest Lesbian, Gay, Bisexual and Transgender (LGBT) community in pursuit of equality. They accomplish this in rural and urban areas by awarding grants and scholarships and cultivating leaders.

2	Did the organization undertake a the prior Form 990 or 990-EZ?	ny significant program s	services during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new serv	ices on Schedule O			
3	Did the organization cease conduservices?	ıctıng, or make sıgnıfıca	ant changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations and sec	ion 4947(a)(1) trusts	are required to report the amo	•
4a	(Code ) (Exper	nses \$ 479,375	including grants of \$	) (Revenue \$	)
	Education & Outreach Provided trainin in Alaska, Idaho, Montana, Oregon and visionary ideas who support their regio strengthen community relationships an	l Washington In each Pride I nal LGBTQ and allied commu	Foundation community then nity The volunteers work to	e is a steering committee made up of	f a core group of volunteers with
4b	(Code ) (Exper	nses \$ 1,290,362	! including grants of \$	972,517 ) (Revenue \$	)
	Granting Program Awarded cash grant lesbian, gay, bisexual and transgender established organizations, which are st organizations we know are making a d	community Often we hear arting to serve the LGBT com	that our grant is the first an	organization ever received Other tim	nes we are funding more
	(Code ) (Exper	nses \$ 384,414	including grants of \$	261,641 ) (Revenue \$	)
	Scholarship Program Awarded scholars scholarships support education and lead from Alaska, Idaho, Montana, Oregon, universities, trade apprenticeships, or compelling for organizations like ours to emotional impact on their lives	dership development to lesb and Washington who are pu ertificate programs)! LGBTQ	an, gay, bisexual, transgen rsuing any post-secondary students often do not have	der, queer, and straight-ally students education (including community colled access to traditional means of suppo	of any age or sexual onentation ge, public or private colleges & it from families making it more
4d	Other program services (Descr	ribe in Schedule O)			
	(Expenses \$	including grants	of\$	) (Revenue \$	)
4e	Total program service expenses	<b>▶</b> \$ 2,154,1	51		
					Form <b>990</b> (2009)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			_
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part $I$	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

orm	990 (2009)			Page
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns Enter -0- if not applicable			
	1a 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕨			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		No
f a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<i>'</i> 9		
-	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 $\textbf{b} \quad \text{If ``Yes,'' enter the amount of tax-exempt interest received or accrued during the} \\$ 

12b

1122 East Pike 1001 Seattle, WA 981223934

(206) 323-3318

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a -	Enter the number of voting members of the governing body 1a 25			
ь	Enter the number of voting members that are independent 1b 25	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A , who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
IXC	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy $^{\circ}$	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a copy of this Form 200 is required to be filed \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{			
17 18	List the States with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website.  Another's website.  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	ı <b>F</b>
	Jimbo Worm			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compen	sate any	/ curi	rent	or fo	rmer	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		19,185
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 990 (2009)

Secretary   Secr	Form 99								Page <b>9</b>
1	Part V	<b>/1111</b>	Statement	of Revenue			Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,513,or
Business Code    Code	\$ \$	1a	Federated cam	paigns 1a	84,038				32.
Business Code    Code	E E	ь	Membership du	ıes <b>1b</b>					
Business Code    Code	ifts, gi ir amo	С	Fundraising eve	ents 1 <b>c</b>					
Business Code    Code	≢,≅	d	Related organiz	zations 1d					
Business Code    Code	ns, simj	е	_						
Business Code    Code	utio er :	f			2,386,421				
Business Code    Code	ē.	g							
Business Code    Code	and	h			▶	2,470,459			
10   10   10   10   10   10   10   10					Business Code				
10   10   10   10   10   10   10   10	enue	2a							
10   10   10   10   10   10   10   10	8 8	ь							
10   10   10   10   10   10   10   10	тсе Веу	c							
10   10   10   10   10   10   10   10	Serv	d							
10   10   10   10   10   10   10   10	Ē	e							
10   10   10   10   10   10   10   10	a O	f	All other progra	am service revenue					
### Social Socia	<u>~</u>	<del>-</del>	Total. Add lines	s 2a-2f					
A Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  Ga Gross Rents b Less rental expenses c Rental income or (loss)  (i) Securities (ii) Other  (iii) Securities (iii) Other  (iii) Securities (iiii) Other  (iii) Other		3			· · · · · · · · · · · · · · · · · · ·	508 026			508,026
10   10   10   10   10   10   10   10		_				306,020			308,020
(i) Real   (ii) Personal				·	· · · · · · · · · · · · · · · · · · ·				
Be less certal expenses continuous error (loss)			•		· · · · · · · · · · · · · · · · · · ·				
Rental income or (loss)		6a							
## Or (loss)   d   Net rental income or (loss)		Ь							
(i) Securities (ii) Other  from sales of assets other than inventory by Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) -162,135 -162,135 -162,135  Net income or from fundraising events (not including) some part IV, line 18  by Less direct expenses		c							
To Gross amount from sales of assets other than inventory by Less cost or other bass and sales expenses c Gam or (loss) -162,135		d	Net rental inco	me or (loss)	,				
from sales of sasets other than inventory be less cost or other basis and sales expenses c Gam or (loss) -162,135 -162,1			Gross amount	- ' '	(II) O ther				
than inventory b Less cost or other basis and sales expenses c Gam or (loss) -162,135 -162,13		/ a	from sales of	11,407,502					
other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  -162,135  d Net gain or (loss)  -162,135  -16		١.	than inventory	11 630 117					
The state of the s		•	other basis and	11,030,117					
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		c	·	-162,135					
events (not including  sof contributions reported on line 1c) See Part IV, line 18  b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b c Net income or (loss) from gaming activities		<b>—</b>			▶	-162,135			-162,135
9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572 5900,099 178	ψ	8a							
9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572 5900,099 178	√enu		\$of contributions	 s reported on line 1c)					
9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572 5900,099 178	щ		See Part IV, IIr						
9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572 5900,099 178	<del>p</del>	ь	Less direct ex	penses <b>b</b>					
See Part IV, line 19 a  b Less direct expenses b  c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572  b Miscellaneous 900,099 178	ō	С	Net income or (	(loss) from fundraising	events 🛌				
b Less direct expenses b  c Net income or (loss) from gaming activities   10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue  Business Code  11a Bequest Administration  Miscellaneous  900,099  178		9a		ne 19					
10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11a Bequest Administration Miscellaneous  900,099  178				penses b	vities •				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a Bequest Administration 525,920 425,572 425,572  b Miscellaneous 900,099 178		-	Gross sales of	ınventory, less	Vities 1 1				
Miscellaneous Revenue         Business Code           11a         Bequest Administration         525,920         425,572           b         Miscellaneous         900,099         178		ь		oods sold <b>b</b>					
11a         Bequest Administration         525,920         425,572         425,572           b         Miscellaneous         900,099         178         300,000		С			1				
b Miscellaneous 900,099 178		11-				425 572			425,572
- Miscellaneous		Ι.	-	iistration	ŕ				178
			MISCEIIANEOUS		200,000	17.0			1.3
d All other revenue		Ι.	All other reven	ue					
e Total. Add lines 11a-11d						42E 7E0			
12 Total revenue. See Instructions		12	Total revenue.	See Instructions .	·			2	771,641

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	Il other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	972,517	972,517		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	261,641	261,641		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	158,876	80,517	59,707	18,652
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	420,688	326,220	24,256	70,212
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,253	13,005	1,193	4,055
9	Other employee benefits	52,055	38,824	3,514	9,717
10	Payroll taxes	49,358	34,080	6,692	8,586
11	Fees for services (non-employees)				
а	Management				
ь	Legal	2,224	816	445	963
c	Accounting	20,741	15,055	2,454	3,232
d	Lobbying				
e	Professional fundraising See Part IV, line 17	14,453			14,453
f	Investment management fees	130,742	25,092	105,650	
g	Other	176,267	136,301	835	39,131
12	Advertising and promotion	4,922	3,996	286	640
13	Office expenses	92,331	48,746	6,900	36,685
14	Information technology				
15	Royalties				
16	Occupancy	133,551	97,006	15,773	20,772
17	Travel	37,384	36,738	11	635
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,260	1,015	40	205
20	Interest	2,354		2,354	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,767	5,954	1,006	1,807
23	Insurance	4,897	1,888	2,604	405
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Events and Catering	60,417	43,192	3,681	13,544
b	Bad Debt Expense	14,070			14,070
c	Dues, Fees and Licenses	7,295	6,785	127	383
d	In-Kınd Expense	6,596	4,763	669	1,164
е					
f	All other expenses	366		233	133
25	Total functional expenses. Add lines 1 through 24f	2,652,025	2,154,151	238,430	259,444
26	Joint costs. Check here ►  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of year Beginning of year 23.633 61.139 1 1 Cash—non-interest-bearing . . . . . . . . . . . . . 2.023.294 2 291,561 2 284,378 217,863 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 8 32.523 9 19,771 Land, buildings, and equipment cost or other basis Complete 95.219 10a 10a Part VI of Schedule D 49.073 10b 46.146 ь Less accumulated depreciation . . . . 16,942 **10c** 16.395.624 11 23.109.042 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets . . . . . . . . . 14 44.549.804 15 39.300.415 15 16 63,326,198 16 63,045,937 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 55.176 17 49.107 17 Accounts payable and accrued expenses . 104,446 41,329 18 18 15,000 19 19 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 43,637,212 21 38,176,769 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 105,000 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . . 43,916,834 26 38,267,205 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets . . . . -4.188.497 140,269 27 27 28 680.126 28 622.287 Temporarily restricted net assets . . . . . Fund 22.917.735 29 24.016.176 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 19,409,364 24,778,732 33 Total net assets or fund balances . . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 63.326.198 63.045.937 34

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

**Employer identification number** 

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization The Pride Foundation

91-1325007

Pai	rt I	Reas	on for Pub	olic Charity State	<b>us</b> (All orga	anızatıons r	nust comple	ete this par	t.) See ınst	ructions	
he o	rganız	ation is	not a private	foundation because	ıtıs (Forlın	nes 1 througl	n 11, check o	nly one box	)		
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).			
2	Γ	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Atta	ach Schedule	∍E)				
3	Γ	A hospi	tal or a coop	erative hospital serv	/ice organiza	tion describe	ed in <b>section</b>	170(b)(1)(A	)(iii).		
4	Γ		medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the ospital's name, city, and state								
5	Γ	An orga	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section	170(b)(1)(A	<b>A)(iv).</b> (Complete Pa	rt II )						
6	Γ	A federa	al, state, or l	local government or q	governmenta	l unit descril	oed in <b>sectio</b> r	170(b)(1)(	A)(v).		
7	굣	describ	ed ın	t normally receives a		part of its su	upport from a	governmenta	al unit or from	n the general	public
8	$\Gamma$			described in <b>section</b>		<b>)(vi)</b> (Comp	lete Part II)				
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
				ties related to its exe							
				ss investment incom							
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>section 50</b>	<b>9(a)(2).</b> (Cor	nplete Part I	II)		
0	Г	An orga	nization org	anized and operated	exclusively t	o test for pu	blic safety S	ee <b>section 5</b> 0	19(a)(4).		
1	Ė	_	_	•	•	•	•			arry out the	purposes of
_	•	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d Type III - Other									
e	Γ	other th	an foundation 509(a)(2)	x, I certify that the o	er than one o	r more public	cly supported	lorganization	ns described	in section 50	09(a)(1) or
f				eceived a written det	termination fi	rom the IRS	that it is a Ty	pe I, Type I	I or Type III	supporting o	organization,
g		check t		006, has the organız	ation accept	ed any gift o	r contribution	from any of	the		'
9			g persons?	,		, g					
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, either	alone or tog	jether with pe	rsons descr	bed in (ii)		Yes No
		and (III)	below, the g	overning body of the	the supporte	ed organızatı	on?			11g(i)	
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abov	e?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) abo	ove?			11g(iii)	
h		Provide	the following	g information about t	he supported	l organizatio	n(s)				
5	(i) Name uppor ganıza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization col (i) list your gover documer	on in ed in rning	(v) Did you not organizati col (i) of support	on ın your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	1
				instructions))	163	110	163	110	163	110	

Total

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u> </u>	(Complete only if yo	u checked the	box on line 5,	7, or 8 or Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,349,06	8 1,227,36.	3 1,700,301	1,965,727	2	2,470,459	8,712,918
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	1,349,06	1,227,36	3 1,700,301	1,965,727	-	2,470,459	8,712,918
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							1,269,338
	(f)							
6	<b>Public Support.</b> Subtract line 5 from line 4							7,443,580
	ection B. Total Support			Т				
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 20	09	<b>(f)</b> Total
7	A mounts from line 4	1,349,068	64,451	1,700,301	1,965,727	2	,470,459	8,712,918
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	47,278	64,451	354,866	675,528		508,026	1,650,149
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	18,851	7,190	122,634	448,606		425,750	1,023,031
L1	Total support (Add lines 7 through 10)							11,386,098
L2	Gross receipts from related activition		·			12		11,298
13	First Five Years If the Form 990 is to check this box and stop here		·	l, thırd, fourth, or fı	fth tax year as a	501(c)(3	;) organız	ation, ▶┌
<u></u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		65 270 0/
15	Public Support Percentage for 2008	•		(i))		14 15	<u> </u>	65 370 % 74 110 %
	33 1/3% support test—2009. If the	•	·	v on line 12 and li	uno 14 io 22 1/20/			
LUa	and <b>stop here.</b> The organization qua				ille 14 is 33 1/370	or more	, check ti	► ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not acts and circums	organization check a box on lin tances" test, chec	e 13,16a,or16b :k this box and <b>st</b>	and line	e 14 Explain	▶┌
1-	organization	2000 1546		abaak a bassasi '	0 10 16- 16b		مضالمة	<b>▶</b> ┌
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizat	iization meets th	e "facts and cırcı	ımstances" test, c	heck this box and	stop he	ere.	
L8	supported organization  Private Foundation If the organizati	ion did not check	a box on line 13	, 16a, 16b, 17a or	17b, check this	box and	see	<b>▶</b> ┌
-	instructions			, , , 01	,			<b>▶</b> □

Pa	Support Schedule f (Complete only if you				(a)(2)		
Se	ction A. Public Support	checked the i	JOX OII IIIIC J OI	ruic I.,			
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	A mounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
_	in)	` ,	`,	· , ,		, ,	, ,
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
4.0	business is regularly carried on Other income Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) Left First Five Years If the Form 990 is for	or the organizati	on's first, second	third, fourth, or	fifth tax vear as a	a 501(c)(3) organ	ızatıon.
	check this box and <b>stop here</b>	o.gamzati	2 2 ., 2	,	jedi do t	(J)(J) Olgul	<b>▶</b> □
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column (	f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve			_			
17	Investment income percentage for 2	<b>1009</b> (line 10c co	lumn (f) dıvıded b	y line 13 column	n (f))	17	
18	Investment income percentage from	2008 Schedule	A , Part III , line 1	7		18	
19a	33 1/3% support tests—2009. If the	organization did	not check the bo	ox on line 14. and	l line 15 is more		l line 17 is not
	more than 33 1/3%, check this box					,	

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### DLN: 93493267002050

OMB No 1545-0047

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

<ul><li>Se</li></ul>	ection 527 organizations Complete	Part I-A only						
If th	e organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	rt VI, line 47 (Lobb	ying	Activ	ities), the	n
	( )( )	have filed Form 5768 (election under s	\ //	•		•		
		have NOT filed Form 5768 (election ur						
		s," to Form 990, Part IV, Line 5 (Pro	oxy Tax) or Form	990-EZ, line 35a (	regar	ding	proxy tax)	, the n
	ection 501(c)(4), (5), or (6) organiz	rations Complete Part III		Employe		n t i fi n n	ation numbe	
	e Pride Foundation			Employe	er idei	ntinca	ition numbe	11
				91-132				
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c	or is a section	1 527	7 org	<u>janizatio</u>	<u>n</u>
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	rities in Part IV				
2	Political expenditures			I	<b>-</b>	\$		
3	V olunteer hours							
Par	Complete if the or	ganization is exempt under s	section 501(c	1(3).				
1	<u> </u>	tax incurred by the organization und		7(-7-	þ	\$		
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	4955	<b> -</b>	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	┌ No
ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	except sectio	n 50	1(c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	tion 527 exempt	function activities	<b>-</b>	\$		
2	5	rganızatıon's funds contrıbuted to oth	ier organizations 1	or section 527				
	exempt funtion activities				•	\$		
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	<b>F</b>	\$		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?					☐ Yes	┌ No
5	were made For each organizati contributions received that wei	d employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to a littee (PAC) If additional space is ne	the filing organiza separate politica	ation's funds Also e al organization, suc	enter	the ar	mount of po	litical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e)	) A mount of	f political

(1)	(6)	(9, ===	filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
4	Check If the filing organization belongs to a	5 '		
<u>B</u>	Check   If the filing organization checked bo	x A and "limited control" provisions apply		Ī
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
Ь	Total lobbying expenditures to influence a legisl	36,353		
c	Total lobbying expenditures (add lines 1a and 1	36,353	:	
d	Other exempt purpose expenditures		2,615,671	
е	Total exempt purpose expenditures (add lines 1	2,652,024	ı	
f	Lobbying nontaxable amount Enter the amount columns	282,601		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	70,650	)
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		)
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount				282,601	282,601				
b 	Lobbying ceiling amount (150% of line 2a, column(e))					423,902				
c	Total lobbying expenditures				36,353	36,353				
_d	Grassroots non-taxable amount				70,650	70,650				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					105,975				
f	Grassroots lobbying expenditures									

Sch	edule C (Form 990 or 990-EZ) 2009			Page
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	as NOT f	iled Fo	orm 5768
		(	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?			
b	If "Yes," enter the amount of any tax incurred under section 4912		•	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c	)(5), c	
1	Ware substantially all (0.0% or mare) dues reserved pendeductible by members?			Yes No
2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2
3			-	3
	Did the organization agree to carryover lobbying and political expenditures from the prior year?  rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	nn F01/c	\/F\ 6	
Ра	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa answered "Yes".			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).			
а	Current year	2a		
Ь	Carryover from last year	2b		
C	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
P	art IV Supplemental Information			
Со	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 so, complete this part for any additional information	, and Part	II-B, line	2 11
		lanation		

DLN: 93493267002050

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

The	Pride Foundation		01 1335007
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu	91-1325007 Inds or Accounts. Complete if the
	organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	28	
2	Aggregate contributions to (during year)	247,427	
3	Aggregate grants from (during year)	218,250	
4	Aggregate value at end of year	205,952	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990 Part IV line 7
2	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	easement on the last day of the tax year	Г	Held at the End of the Year
а	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements		2b
_	Number of conservation easements on a certified his	-	
с		` ´	2c
d	Number of conservation easements included in (c) a	· · · · ·	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🗠		
4	Number of states where property subject to conserv	ation easement is located ►	<u></u>
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lling of violations, and
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	
Pai	t III Organizations Maintaining Collection		or Other Similar Assets.
_	Complete if the organization answered	·	nt and halance chest weeks -5
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>-</b>
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		'

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

a   b   c	sing the organization's accession and other ems (check all that apply) - Public exhibition	records, check any		e foll	owing th	at are	a significa	ant u	se of its co	ollection	ו	
ь Г с Г	Public exhibition		_									
- '			d	Γ	Loan or	excha	ange prog	ams				
- '	Scholarly research		e	Γ	Other							
<b>4</b> P	Preservation for future generations											
	rovide a description of the organization's co	llections and expla	ın how	the	v further	the or	aanızatıor	ı's ex	empt purp	ose in		
	art XIV	medicans and expla			,		gamzacioi					
	uring the year, did the organization solicit o			•					ılar	_		_
	ssets to be sold to raise funds rather than t								" t- F		Yes	│ No
Part 1	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	u r	es to roi	1111 990	),	
	s the organization an agent, trustee, custod cluded on Form 990, Part X?						other ass	ets r	not	Г	Yes	✓ No
	"Yes," explain the arrangement in Part XIV	and complete the	followi	na ta	able							
	, ,	·		,			Γ			A mou	ınt	
<b>c</b> B	eginning balance							1c				
_	dditions during the year						ļ	1d				
	Distributions during the year						ľ	1e				
_	nding balance						ŀ	1f				
	id the organization include an amount on Fo	orm 990, Part X. line	e 21?				L			<u></u>	Yes	┌ No
	"Yes," explain the arrangement in Part XIV									,		,
Part			ı ansı	were	ed "Yes"	' to Fo	orm 990.	Par	t IV. line	10.		
		(a)Current Year			Year				Three Years		)Four Y	ears Back
<b>1a</b> B	eginning of year balance	19,055,313		2	2,970,590							
<b>b</b> C	ontributions	894,933			801,401							
c I	nvestment earnings or losses	4,964,447		-4	4,412,601							
<b>d</b> G	rants or scholarships	83,388			304,077							
	ther expenditures for facilities	641,846										
	dministrative expenses							$\top$				
	nd of year balance	24,189,459		19	9,055,313			+				
_	rovide the estimated percentage of the year	r end balance held a			•							
	oard designated or quasi-endowment 🕨	%										
		70										
	t 200 %											
	erm endowment 🕨 1000 % % re there endowment funds not in the posses	soon of the areas	>+16 = +	ha+ -	ro bold -	, nd nd	minictor-	d for	tho.			
	re there endowment funds not in the posses rganization by	ssion of the organiza	atiOII t	ııal a	are nelu a	anu dū	ministere	u 101	ille		Yes	No
	) unrelated organizations									3a(i)	Yes	
(i	i) related organizations									3a(ii)	Yes	
	"Yes" to 3a(II), are the related organization	•								3b		
	escribe in Part XIV the intended uses of the											
Part \	VI Investments—Land, Buildings	s, and Equipme	nt. Se				· ·		1		Г	
	Description of investment				a) Cost or osts or of sis (investr		(b)Cost or basis (otl		(c) Accun depreci		( <b>d)</b> Bo	ook value
<b>1a</b> Lar	nd											
<b>b</b> Bu	ıldıngs		•									
<b>c</b> Lea	asehold improvements											
d Fa	uıpment						9	5,219		49,073		46,146
<b>u</b>	her			1			I		1		1	
<b>e</b> 0 t	ner		•									

Part VII Investments—Other Securities. See  (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) book value	Cost or end-o	f-year market value
		+	
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
Assets Held in Trust			1,108,824
Deposits			14,822
Marketable Securities Held for Others			38,176,769
Total. (Column (b) should equal Form 990, Part X, col (B) line.		<u> </u>	39,300,415
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
	(b) A mount	-	
Federal Income Taxes		-	
See Additional Data Table		-	
		1	
		]	
		-	
		1	
		]	
	_	İ	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

Раг	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,242,100
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,652,025
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	590,075
4	Net unrealized gains (losses) on investments	4	4,779,293
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	4,779,293
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,369,368
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	8,028,735
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	4,786,635
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,242,100
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,242,100
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	2,659,367
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	7,342
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,652,025
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,652,025
Dar	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part IV, Line 2b		The asset account "Marketable Securities - Held for Others" and the liability account "Bequest Funds Held for Others" represent the fair market value of a portion of a bequest received by the Foundation that is to be paid to specific organizations in proportions determined by the will
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowed scholarship funds provide for specific scholarship awards once per year General endowment provides four quarterly distributions per year for general operations

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493267002050

OMB No 1545-0047

Employer identification number

#### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

**Inspection** 

The Pride Foundation											
Part I General Information	on Grants and	Assistance				<b>'</b>					
	rd the grants or ass	ıstance?					√Yes				
Form 990, Part IV, line Part IV and Schedule I-	21 for any recipie	ent that received m	ore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use				
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance				
See Additional Data Table											

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships for post-seconday education	119	261,641			
See Additional Data Table					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference Explanation

Procedure for Monitoring Grants in the U.S.

Part I, Line 2 Schedule I, Part I, Line 2 Grants are typically awarded for a specific project as outlined in the grant application and award letter.

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DLN: 93493267002050

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization The Pride Foundation

**Employer identification number** 

Pa	rt I Types of Property				91-132500/			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	Method of a reve		nıng	
1	Art—Works of art	арричания		- 5				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	9	162,240	Stock Market Price	)		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory	X	9	1,439	Retail Cost			
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts	X	1	10,000	Appraisal Value			
	Scientific specimens							
	Archeological artifacts							
	Other ► ( Supplies )	X	5		Retail Cost			
	Other ► ( Printing )	X	1	<u> </u>	Retail Cost			
	Other ► ( Airfare )	X	1		Retail Cost			
28	Other ► (Software)	X	1		Retail Cost			
	Other ► ( Photography )	X	2		Retail Cost			
29	Number of Forms 8283 received for which the organization comp				29			0
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	<del>-</del>	to solicit, process, or sell	non-cash	22-		N
1.		•		· ·	·	32a		Νo
33	<ul> <li>If "Yes," describe in Part II</li> <li>If the organization did not report</li> </ul>	t rovenues :	n column (c) for a type of a	roporty for which column (a	) is chocked			
ور	describe in Part II	. revenues l	m corumn (c) for a type of p	roperty for winch column (d	, is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493267002050

OMB No 1545-0047

2009

Open to Public Inspection

# SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
The Pride Foundation

Employer identification number

91-1325007

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the return was emailed to all board members and discussed at a board meeting
Form 990, Part VI, Section B, line 12c		Directors annually complete a Conflict of Interest Questionnaire
Form 990, Part VI, Section B, line 15		The King County United Way Salary Survey is used for comparability data. Executive Director review is performed by the Executive Committee and other employees are reviewed by the Executive Director.
Form 990, Part VI, Section C, line 19		All are available upon request Summarized financial statements are available each year through our Annual Report publication
Form 990, Part XI, Line 2c		The Audit Committee process has not changed from the prior year

# Software ID: Software Version:

**EIN:** 91-1325007

Name: The Pride Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	lent C	Onti	act	.013	<u> </u>				
(A) Name and Title	(B) Average hours	( <b>C)</b> Position (check all that apply)				<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Angela Powell President	5 00	X		Х				0	0	0
Joyce Allen Vice President	5 00	X		X				0	0	0
George Nunes Secretary	3 00	×		х				0	0	0
Doug Exworthy Treasurer	5 00	X		x				0	0	0
Cathie Bachy Board Member	3 00	X						0	0	0
Kım Burkes Board Member	4 00	X						0	0	0
Bob Evans Board Member	4 00	X						0	0	0
Eric Ewing Board Member	3 00	X						0	0	0
Jean Hernandez Board Member	3 00	X						0	0	0
Jason Hunke Board Member	4 00	×						0	0	0
Seth Kırby Board Member	3 00	X						0	0	0
Mıke Kleer Board Member	3 00	X						0	0	0
Patty Knight Board Member	3 00	X						0	0	0
Jackie Ostrom Board Member	4 00	X						0	0	0
Alex Pava Board Member	3 00	X						0	0	0
Kathy Reim Board Member	3 00	X						0	0	0
Jeff Sakuma Board Member	3 00	X						0	0	0
Mike Scott Board Member	4 00	X						0	0	0
Jef St De Lore Board Member	3 00	X						0	0	0
David Strong Board Member	3 00	X						0	0	0
Rachel Valdez Board Member	4 00	X						0	0	0
Pat Vivian Board Member	4 00	X						0	0	0
Steven Wakefield Board Member	3 00	Χ						0	0	0
John Wong Board Member	3 00	X						0	0	0
Rıa Zazyckı Board Member	3 00	Х						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	( <b>B</b> ) A verage hours		<b>(C)</b> Position (check all that apply)				<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	per	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Audrey Haberman Executive Director	40 00			Х				78,452	0	9,937
Jimmy Worm CFO	40 00			X				65,058	0	9,248

Software ID: Software Version:

**EIN:** 91-1325007

Name: The Pride Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (d) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU of Alaska Foundation 1057 W Fireweed Ln Suite 207 Anchorage, AK 99503	23-7113202	501(c)(3)	11,300				Support LGBT community
AIDS Housing Association of Tacoma301 NORTH L ST Tacoma,WA 98403	94-3102150	501(c)(3)	9,690				Support LGBT community
Alaska Native Tribal Health Consortium405 Fireweed Ln Suite 201 Anchorage, AK 99501	92-0162721	501(c)(3)	8,000				Support LGBT community
Alaskan AIDS Assistance Association1057 W Fireweed 102 Anchorage,AK 99503	92-0113788	501(c)(3)	15,000				Support LGBT community
Allied Arts Foundation1620 43Rd Ave 16A Seattle, WA 98112	91-0829974	501(c)(3)	8,000				Support LGBT community
Alpha419 S 13Th St Boise,ID 83702	20-1473207	501(c)(3)	11,250				Support LGBT community
Bailey-Boushay2720 E Madison St Seattle, WA 98112	91-0565539	501(c)(3)	18,200				Support LGBT community
Blue Mountain Heart to Heart Po Box 40 Walla Walla, WA 99362	91-1527239	501(c)(3)	5,200				Support LGBT community
Camp Ten Trees1122 E Pike St Pmb 1488 Seattle,WA 98122	01-0923793	501(c)(3)	7,000				Support LGBT community
Cascades AIDS Project620 SW Fifth Ave 300 Portland,OR 97204	93-0903383	501(c)(3)	15,000				Support LGBT community

Form 990,Schedule I, Par	t II, Grants an	nd Other Assistanc	e to Governments	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Home Society of WashingtonPo Box 605 Vancouver,WA 98666	91-0575955	501(c)(3)	14,750				Support LGBT community
Children's Home Society of Washington1612 Penny Lane Walla Walla, WA 99362	91-0575955	501(c)(3)	7,350				Support LGBT community
Citizens Against Domestic & Sexual ViolencePO Box 190 Oak Harbor, WA 98277	91-1155830	501(c)(3)	10,000				Support LGBT community
El Poder De La MujerPO Box 444 Portland,OR 97207	94-3229613	501(c)(3)	8,000				Support LGBT community
Entre HermanosPo Box 12187 Seattle,WA 98102	31-1775429	501(c)(3)	20,008				Support LGBT community
Evergreen AIDS Foundation 1509 Cornwall Ave Bellingham, WA 98225	94-3035642	501(c)(3)	10,350				Support LGBT community
Fred Hutchinson Cancer Research Center Foundation PO Box 19024 Seattle, WA 98109	91-1540426	501(c)(3)	13,000				Support LGBT community
Gay City Health Project511 E Pike St Seattle, WA 98122	91-1685822	501(c)(3)	15,440				Support LGBT community
Gender Spectrum1122 Pike St Pmb 796 Seattle, WA 98122	41-2253091	501(c)(3)	8,000				Support LGBT community
Global Partnerships909 Ne Boat St Suite 200 Seattle, WA 981059922	82-0574491	501(c)(3)	10,000				Support LGBT community

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIV Alliance1966 Garden Ave Eugene, OR 97403	93-0963546	501(c)(3)	15,000				Support LGBT community
Human Dignity CoalitionPO Box 6084 Bend, OR 97708	93-1131138	501(c)(3)	8,250				Support LGBT community
Identitiy IncPO Box 200070 Anchorage, AK 99520	92-0091087	501(c)(3)	10,000				Support LGBT community
Jefferson AIDS ServicesPO Box 1686 Port Townsend, WA 98368	91-1686850	501(c)(3)	7,500				Support LGBT community
Kitsap County HIVAIDS FoundationPo Box 2169 Silverdale, WA 98383	94-3133107	501(c)(3)	9,000				Support LGBT community
Lambda Legal Defense & Education Fund120 Wall St 1500 New York, NY 100053904	23-7395681	501(c)(3)	15,000				Support LGBT community
Legal Voice907 Pine St 500 Seattle, WA 98101	91-1047900	501(c)(3)	8,000				Support LGBT community
Lifelong AIDS Alliance1002 E Seneca St Seattle, WA 98122	91-1215715	501(c)(3)	17,750				Support LGBT community
Missoula AIDS Council500 N Higgins Ave Suite 100 Missoula, MT 59802	36-3652244	501(c)(3)	12,250				Support LGBT community
Montana Human Rights NetworkPo Box 1509 Helena,MT 59624	81-0472423	501(c)(3)	6,500				Support LGBT community

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Idaho AIDS Coalition 410 Sherman Ave Suite 215 Coeur DAlene,ID 83814	82-0509161	501(c)(3)	6,600				Support LGBT community
Odyssey Youth Center1121 S Perry St Spokane, WA 99202	91-2045932	501(c)(3)	8,000				Support LGBT community
Our House2727 Se Alder St Portland, OR 97214	93-0986632	501(c)(3)	15,000				Support LGBT community
Program for Appropriate Technology in Health1455 NW Leary Wy Seattle, WA 98107	91-1157127	501(c)(3)	10,000				Support LGBT community
Pierce County AIDS Foundation3520 S Pine St Tacoma, WA 98409	91-1385245	501(c)(3)	33,000				Support LGBT community
Plymouth Church1217 6Th Ave Seattle, WA 98101	91-1122621	501(c)(3)	13,500				Support LGBT community
People of Color Against AIDS Network1609 19Th Ave S Seattle, WA 98122	91-1415892	501(c)(3)	15,500				Support LGBT community
Rainbow Center741 St Helens Ave Tacoma, WA 98402	91-1859897	501(c)(3)	8,200				Support LGBT community
Rise N Shine417 23rd Ave S Seattle, WA 98144	91-1409104	501(c)(3)	11,940				Support LGBT community
Rosehedge12718 15th AVE NE Seattle, WA 981254022	91-1413192	501(c)(3)	16,940				Support LGBT community

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Rural Organizing ProjectPO Box 1350 Scappoose,OR 970591350	93-1159856	501(c)(3)	8,000				Support LGBT community				
Seattle Children's Theatre 201 Thomas St Seattle, WA 98109	51-0172421	. 501(c)(3)	12,000				Support LGBT community				
Seattle Men'sWomen's Chorus319 12Th Ave Seattle,WA 981225504	91-1183859	501(c)(3)	7,940				Support LGBT community				
Sexual Minority Youth Resource Center3024 NE Mlk Jr Blvd Portland,OR 97212	93-0770054	501(c)(3)	15,000				Support LGBT community				
Spokane AIDS Network905 S Monroe Spokane, WA 99204	91-1380583	501(c)(3)	10,950				Support LGBT community				
Stonewall YouthPO Box 7383 Olympia, WA 985077383	94-3202727	501(c)(3)	19,000				Support LGBT community				
Technology Alliance1301 5th Ave Suite 2500 Seattle, WA 98101	91-0402330	501(c)(3)	7,000				Support LGBT community				
Three Dollar Bill Cinema1122 E Pike St 1313 Seattle, WA 981223934	91-1708195	501(c)(3)	17,000				Support LGBT community				
United Communities AIDS Network147 Rogers St NW Olympia, WA 98502	91-1401511	. 501(c)(3)	9,500				Support LGBT community				
Unity Project of OregonPO Box 3182 Portland,OR 97208	93-1201248	501(c)(3)	8,500				Support LGBT community				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Congregational United Church4515 16th Ave NE Seattle, WA 981054201	91-0573111	501(c)(3)	5,750				Support LGBT community
University Street Ministry 4740-B University Way NE Seattle, WA 98105	94-3034862	501(c)(3)	5,250				Support LGBT community
Vista Youth Center2625 W Bruneau Pl Suite E Kennewick, WA 99336	23-7094353	501(c)(3)	15,000				Support LGBT community
Washington Families Standing TogetherPO Box 12216 Seattle,WA 98102	27-0194158	501(c)(3)	36,353				Support LGBT community
Western Montana Community Center127 N Higgins Ave Suite 202 Missoula, MT 59802	81-0537207	501(c)(3)	11,250				Support LGBT community
Women's Empowerment NetworkPO Box 7652 Olympia,WA 98507	77-0566997	501(c)(3)	12,000				Support LGBT community
Yellowstone AIDS Project 2906 1st Ave N Suite 200 Billings,MT 59101	81-0464564	501(c)(3)	12,500				Support LGBT community