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DLN: 93493214009092

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)

OMB No 1545-0047

Open to Public

Internal	Revenue		F The organization may have to use a copy	<u> </u>		requirement	Inspection			
	or the 2		lendar year, or tax year beginning 04-01-2011 C Name of organization	and ending 03-31-20	12	D Employer	identification number			
		pplicable	The Pride Foundation							
	dress ch	_	Doing Business As			91-1325 E Telephone				
_	me chai					(206)32	3-3318			
	tıal retui		Number and street (or P O box if mail is not deliver 1122 E Pike No 1001	ed to street address) Room/s	uite		pts \$ 6,024,622			
Te	rmınated	d	1122 E PIRE NO 1001				F + -/			
Am	nended i	return	City or town, state or country, and ZIP + 4 Seattle, WA 98122	•						
Ap	plication	n pending	Scattle, WA 30122							
			F Name and address of principal officer		H(a) Is thi	ı s a group ret	urn for			
			Krıs Hermanns 1122 E Pıke No 1001		affilia		⊤Yes 🔽 No			
			Seattle, WA 98122		H(b) Are all	l affiliates incl	luded?			
					` ′		st (see instructions)			
I Ta	ax-exem	npt status	▼ 501(c)(3)	4947(a)(1) or 527	H(c) Grou	p exemption	number ►			
J W	ebsite	e: ► WW	W PRIDEFOUNDATION org							
K For	m of ord	ganızatıon	✓ Corporation Trust Association Other ►		L Year of for	mation 1985	M State of legal domicile			
							WA			
Pa	rt I		mary							
			scribe the organization's mission or most sigen & support gay & lesbian community in the							
3	=	o a engul	a support gay a resoluti community in the	, deme Northwest						
Activities & Governance	-									
E E	, ;	Cheelit	io hov braining of the amount		of mars #5 3	E0/- af .b !	t pagata			
<u> </u>	1		is box 🔭 if the organization discontinued its			1	1			
×6	1		of voting members of the governing body (Pari			3				
ges Tes	1		of independent voting members of the governi nber of individuals employed in calendar year			5				
Ĕ	1		nber of volunteers (estimate if necessary) .			6				
্ব	1		related business revenue from Part VIII, colu	72						
	1		ated business taxable income from Form 990			71				
	-			,	Prio	r Year	Current Year			
	8	Contrib	outions and grants (Part VIII, line 1h)		1,294,189					
≗	9		m service revenue (Part VIII, line 2g)			0	0			
Revenue	10		ment income (Part VIII, column (A), lines 3,			440,548	587,122			
"	11	Otheri	revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		369,489	313,930			
	12		evenue—add lines 8 through 11 (must equal l		ne	2 4 2 4 2 2 5	2 252 572			
	42					2,104,226				
				**						
			, , , , , , , , , , , , , , , , , , , ,	•		0	0			
\$	15	5-10)	s, other compensation, employee benefits (F)	arc 1x, column (A), mies		784,525	1,121,380			
<u>æ</u>	16a	Profess	sional fundraising fees (Part IX, column (A), l	ıne 11e)		0	0			
ਨੂੰ	b	Total fur	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{373}{}$,034						
	17	Other	expenses (Part IX, column (A), lines 11a–11	d, 11f-24e)		872,229	889,965			
	18	Total e	xpenses Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,659,006	3,083,519			
	19	Revenu	ue less expenses Subtract line 18 from line 1	12		-554,780	-824,949			
\$ 8 \$ 8						of Current	End of Year			
seta afan	20	Totala	ssets (Part X line 16)		T		54,060,535			
AS dB	21		abilities (Part X, line 26)			33,106,918				
<u> </u>	22									
Pa										
Net Assets or Expenses Fund Batances	b 17 18 19	Benefit Salarie 5-10) Profess Total fur Other of Total e Revenu	ndraising expenses (Part IX, column (D), line 25) •373 expenses (Part IX, column (A), lines 11a-11 expenses Add lines 13-17 (must equal Part in the less expenses Subtract line 18 from line 1 expenses (Part X, line 16)), line 4)	Beginning	872,229 2,659,006 -554,780 J of Current ear 59,167,339	1,121 889 3,083 -824 End of Year 54,060			
A B	1									
			sets or fund balances Subtract line 21 from l	ine 20		26,060,421	26,409,866			
	rt II	_	ature Block							
know			rjury, I declare that I have examined this return, ; it is true, correct, and complete. Declaration of							
		*****				12-07-23				
Sigr		Signa'	ture of officer		Da	ite				
Her	е		Wehle Treasurer							
		Type	or print name and title			_				
		Preparer'		Date 2012-07-23	Check if		kpayer identification number			
Paid		signature		self- employed •	(see instruction P00147726	ons)				
Prep	arer's						<u>'</u>			
Use	Only	ıf self-em	nployed), and ZIP + 4 600 Stewart Street Suite 1900			EIN • 91-20:	11386			
		addiess,				Phone no	Phone no (206) 628-8990			
		1	Seattle WA 091011210							

May the IRS discuss this return with the preparer shown above? (see instructions)

Part	Statement of Program Check if Schedule O contains				
1	Briefly describe the organization's m		uestion in this Fait III		
– P rıde	Foundation connects, inspires and st it of equality They accomplish this in	rengthens the Pacıfı			
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		ervices during the year	which were not listed on	Γ Yes Γ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g, or make significar	nt changes in how it cor	ducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section $501(c)(3)$ and 50 grants and allocations to others, the	1(c)(4) organization:	s and section 4947(a)(1) trusts are required to re	eport the amount of
4a	(Code) (Expenses	1,108,326	ıncludıng grants of \$) (Revenue \$)
	EDUCATION & OUTREACH Provided training individuals in Alaska, Idaho, Montana, Oreg volunteers with visionary ideas who support develoment, strengthen community relation	on and Washington In ea their regional LGBTQ and	ach Pride Foundation commu d allied community The volu	mity there is a steering commit nteers work to raise funds, sup	tee made up of a core group of
4b	(Code) (Expenses	746,835	ıncludıng grants of \$	711,340) (Revenue \$)
	GRANTING PROGRAM Awarded cash grants lesbian, gay, bisexual and transgender com established organizations, which are starting organizations we know are making a differen	munity Often we hear th to serve the LGBT comn	nat our grant is the first an oi	ganization ever received Other	times we are funding more
	(Code) (Expenses	488,385	ıncludıng grants of \$	336,234) (Revenue \$)
	SCHOLARSHIP PROGRAM Awarded scholars scholarships support education and leadersh from Alaska, Idaho, Montana, Oregon, and universities, trade apprenticeships, or certificompelling for organizations like ours to exit emotional impact on their lives	ip development to lesbia Washington who are purs cate programs)! LGBTQ st	n, gay, bisexual, transgende suing any post-secondary ed tudents often do not have ac	r, queer, and straight-ally stude ucation (including community co cess to traditional means of sup	ents of any age or sexual orientation ollege, public or private colleges & oport from families making it more
	(Code) (Expenses	25,130	ıncludıng grants of \$) (Revenue \$	24,600)
	FELLOWSHIP PROGRAM Pride Foundation F experience will provide an opportunity for p exceptional Pride Foundation Scholarship re equality	rofessional development	as well as an introduction to	the work of community leaders	ship organizations by matching 6
	Other program services (Describe	un Schedule O \			
	(Expenses \$ 25,130	•	of\$) (Revenue \$	24,600)
	Total program service expenses▶\$	2,368,67	<u> </u>		

<u> </u>	Checklist of Required Schedules
Form 990 (2011)

	•		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 (see instructions)? 🕏	2	Yes	<u> </u>
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	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? If "Yes," 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? <i>If</i> "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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV 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? 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
b	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			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Man	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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
33	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
34	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		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. 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		No
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	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O Contains a response to any question in this Part V	<u> </u>	• 1	
•-	Estantha number reported in Bou 2 of Forms 1006. Enten 0 of set applicable.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 11			
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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
l a	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
£	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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?	8		
)	Sponsoring organizations maintaining donor advised funds.	•		
а	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		
	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			
	facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
L 4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
b	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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	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 15a or 15b, 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		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶WA			

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 made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 organization Figure 1. Jimbo Worm

1122 East Pike 1001

Seattle, WA 981223934 (206) 323-3318

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

- ◆ 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, if any 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Misc)	organizations
(1) Doug Exworthy President	7 00	х		Х				0	0	0
(2) Rachel Valdez Vice President	7 00	х		Х				0	0	0
(3) Mike Scott Secretary	7 00	Х		Х				0	0	0
(4) Kathy Wehle Treasurer	7 00	Х		Х				0	0	0
(5) Cathie Bachy Board Member	3 00	Х						0	0	0
(6) Robert Cundall Board Member	3 00	Х						0	0	0
(7) Robert Evans Board Member	5 00	Х						0	0	0
(8) Shelley Hayes Board Member	5 00	Х						0	0	0
(9) Jean Hernandez Board Member	3 00	Х						0	0	0
(10) Joyce Allen Board Member	7 00	Х						0	0	0
(11) Seth Kırby Board Member	5 00	Х						0	0	0
(12) Mike Kleer Board Member	3 00	Х						0	0	0
(13) Ben Bakkenta Board Member	3 00	Х						0	0	0
(14) Jackie Ostrom Board Member	5 00	Х						0	0	0
(15) Alex Pava Board Member	3 00	Х						0	0	0
(16) Kathy Reim Board Member	3 00	х						0	0	0
(17) Jeff Sakuma Board Member	3 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe		on (d e tha	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount of compen from organizat	ated of other sation the
		hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organız	
	nn Lennon Member	3 00	х)		0
	ef St De Lore Member	3 00	х						() (0
	George Nunes Member	3 00	Х						() ()	0
	lias Rojas Member	3 00	х						() (0
	iteven Wakefield Member	3 00	х						() (0
(23) T	fara Smith Member	3 00	х						() (0
(24) A	udrey Haberman-Thru 0511 tive Director	40 00			х				44,470	5 0		1,673
(25) F	raul Marschel n Executive Director	40 00			Х				64,29)		3,425
(26) k	ris Hermanns tive Director	40 00			х				() (1,469
(27) J	Imbo Worm or of Finance & Oper	40 00			х				77,140) (9,585
Directi	от от гливнее в орег											
1b	Sub-Total		<u> </u>		<u> </u>	<u> </u>		<u> </u> ►				
С	Total from continuation sheets t							-				
d	Total (add lines 1b and 1c)							>	185,915	0		16,152
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received more th	an		
											Yes	No
3	Did the organization list any forn on line 1a? <i>If</i> " <i>Yes</i> ," complete Sch								or highest compens	ı	3	
4	For any individual listed on line 1 organization and related organiza	a, is the sum of	reporta	able	om	pens	ation	and		n from the	3	No
_	Individual			•	•	•		•			4	No
5	Did any person listed on line 1a i services rendered to the organiza									ı	5	No
Se	ction B. Independent Cont											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organization										
	Nam	(A) e and business add	dress						Desc	(B) cription of services	(C Compe	
											1	
	Fotal number of independent contr \$100,000 of compensation from t			ot lın	nited	l to 1	those l	liste	d above) who recei	ved more than		

Part v	<u> </u>	Statement of Revenue					
40.15	145	Todowstod compound	74,282	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
話程	1a	Federated campaigns 1a					
E D	b	Membership dues 1b					
s,€	С	Fundraising events 1c					
無無	d	Related organizations 1d					
چ ≣ ښ	e	Government grants (contributions) 1e					
존	f	All other contributions, gifts, grants, and 1f	1,283,236	i			
돌	_ ا	similar amounts not included above					
<u>=</u> =	g	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	1,357,518			
<u> </u>			D				
e⊒			Business Code				
χeμ	2a						
윤	b						
92	С						
<u>*</u>	d						
e E	e						
Program Serwce Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f	-				
	3	Investment income (including dividend					
		and other similar amounts)		529,549			529,549
	4	Income from investment of tax-exempt bond p	<u> </u>	,			·
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents	(ii) i cisoliai				
	ь	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount 3,823,625 from sales of					
		assets other than inventory					
	ь	Less cost or 3,766,052					
		other basis and sales expenses					
	С	Gain or (loss) 57,573					
	d	Net gain or (loss)		57,573			57,573
	8a	Gross income from fundraising					
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18					
<u>-</u>		а					
ŧ	Ь	Less direct expenses b					
0	c	Net income or (loss) from fundraising e	vents 🟲				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a	Bequest Administration	525920	313,873			313,873
	ь	Miscellaneous	900099	57			57
							<u> </u>
	C	All other revenue					
	d	All other revenue L Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	▶	313,930			
		iotal leveline. See Thistractions	• •	2,258,570	0	0	901,052

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX	<u></u>			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	711,340	711,340		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	360,834	360,834		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	·	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	216,307	109,492	72,826	33,989
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	716,339	567,240	28,350	120,749
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,295	17,249	1,128	3,918
9	Other employee benefits	79,890	65,401	3,877	10,612
10	Payroll taxes	86,549	64,261	8,435	13,853
11	Fees for services (non-employees)				
а	Management				
ь	Legal	3,663	781	245	2,637
С	Accounting	18,577	14,526	1,704	2,347
d	Lobbying			_,,,,,	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	146,534		146,534	
g g	Other	173,829	91,731	31,382	50,716
12	Advertising and promotion	13,026	4,119	681	8,226
13	Office expenses	121,054	69,870	7,113	44,071
14	Information technology	121,034	09,870	7,113	44,071
15					
	Royalties	142,551	110.644	12.002	10.024
16 17	Occupancy	'	, , , , , , , , , , , , , , , , , , ,	<u> </u>	18,924
17	Travel	72,616	65,705	4,910	2,001
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,132	12,574	1,000	1,558
20	Interest	1,527		1,527	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,751	24,669	2,800	4,282
23	Insurance	4,052	1,563	2,236	253
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Events and Catering	94,816	65,976	13,975	14,865
b	Bad Debt Expense	39,762			39,762
c	Dues, Fees and Licenses	9,215	8,841	103	271
d	In-Kınd Expense	1,060	1,060		
е					_
f	All other expenses	800	800		
25	Total functional expenses. Add lines 1 through 24f	3,083,519	2,368,676	341,809	373,034
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the	. , ==	. , -	,	,
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			[rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,532 174,102 1 1 933,413 113,404 2 2 3 245,367 205,759 48.150 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 7 8 9 43,150 9 29.512 Prepaid expenses and deferred charges 197,328 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 87,938 b Less accumulated depreciation 131,928 10c 109,390 23,616,273 11 24,762,845 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 34,147,526 15 28,665,523 15 59,167,339 54,060,535 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 44,785 17 65,555 17 Accounts payable and accrued expenses . 18 100,465 18 84,663 19 5,000 19 2,500 20 20 21 32,948,668 21 27,497,951 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 8.000 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 33,106,918 26 27,650,669 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 338,629 27 254,718 Unrestricted net assets 1,550,690 28 1,923,640 28 Temporarily restricted net assets Fund 29 24,171,102 29 24,231,508 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 ¥ 33 Total net assets or fund balances 26.060.421 33 26.409.866 34 Total liabilities and net assets/fund balances 59.167.339 34 54,060,535

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,2	258,57
2	Total expenses (must equal Part IX, column (A), line 25)	2			83,519
3	Revenue less expenses Subtract line 2 from line 1	3		-8	324,949
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,0	060,42
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,1	L74,39
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		26,4	109,86
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated 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?	•	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Employer identification number

The Pride Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizate col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

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 or if the organization failed to qualify

	under Part III. If the	e organization i	fails to qualify u	nder the tests I	<u>isted below, ple</u>	ase con	nplete F	Part III.)
	ection A. Public Support	1	_	<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,700,30	1 1,965,727	2,470,459	1,294,189	1,	357,518	8,788,194
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,700,30	1 1,965,727	2,470,459	1,294,189	1,	357,518	8,788,194
5	The portion of total contributions 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							1,610,485
6	(f) Public Support. Subtract line 5							
Ü	from line 4							7,177,709
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	1,700,301	1,965,727	2,470,459	1,294,189		357,518	8,788,194
8	Gross income from interest,	1,700,301	1,505,727	2,170,133	1,231,103		337,310	3,733,131
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	354,866	675,528	508,026	569,038	!	529,549	2,637,007
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	122,634	448,606	425,750	369,489	;	313,930	1,680,409
11	Total support (Add lines 7 through 10)							13,105,610
12	Gross receipts from related activit	ies, etc (See inst	tructions)			12		1,800
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			, thırd, fourth, or fı	fth tax year as a !	501(c)(3) organız	ation, ►/
<u> </u>	Public Support Percentage for 201			11 column (f))		14		54 770 %
- · 15	Public Support Percentage for 201					15		59 370 %
	33 1/3% support test—2011. If the	•	·	on line 13 and li	ine 14 is 33 1/20%		check +	
b	and stop here. The organization qual 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization merorganization merorganization	alifies as a public organization did n qualifies as a p — 2011. If the org ition meets the "f	ly supported orga not check the box ublicly supported anization did not o acts and circumst	nization x on line 13 or 16 organization check a box on lin cances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st o	33 1/3% o and line op here. E	r more, o 14 Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization Private Foundation If the organizationstructions	nization meets th ition meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, c cances" test The	heck this box and organization qual	d stop he i ifies as a	r e. publicly	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493214009092

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.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

Sec	ction 527 organizations Complete	e Part I-A only						
		s," to Form 990, Part IV, Line 4, or I	Form 990-EZ, Pa	rt VI, line 47 (Lobb	ying A	ctivi	ties), the	n
	_	t have filed Form 5768 (election under s		•			•	
	` ', ' '	t have NOT filed Form \$768 (election ur	` ,,	•				II-A
	, ,, , .	s," to Form 990, Part IV, Line 5 (Pro	•	• •			•	
	ction 501(c)(4), (5), or (6) organi	•		•	-	•		
	me of the organization	·		Employe	rıdent	ificat	tion numbe	er
The	Pride Foundation							
				91-132				
arı	t I-A Complete if the or	ganization is exempt under s	ection 501(c) or is a section	527	org	<u>anizatio</u>	n.
	Provide a description of the or in opposition to candidates for	ganization's direct and indirect politic	al campaign acti	vities on behalf of or				
2	Political expenditures				.	¢		
	·			•	•	→ —		
	Volunteer hours							
ar	t I-B Complete if the or	ganization is exempt under s	ection 501(c)(3).				
	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		▶ :	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	F 9	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720) for this year?				┌ Yes	┌ No
la	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I=C Complete if the or	ganization is exempt under s	ection 501(c) except section	า 501	(c)(3).	
•	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	t function activities	F 9	\$		
2		rganızatıon's funds contrıbuted to oth	er organızatıons	for section 527				
	exempt funtion activities				P - 9	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120)-POL, line 17b	► ,	\$		
Ļ	Did the filing organization file I	Form 1120-POL for this year?					☐ Yes	┌ No
;	Enter the names, addresses a	nd employer identification number (EI	N) of all section!	527 political organiz	ations	to wl	hich the fil	ıng
		For each organization listed, enter the						
		ns received that were promptly and dii political action committee (PAC) If a						sa
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f	from		A mount o	•
				filing organization	n's	con	ntributions	received

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

section 4911 tax for this year?

Sc	hedule C (Form 990 or 990-EZ) 2011			Page :
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	
	expenses, and share of excess lobb	an affiliated group (and list in Part IV each affilia bying expenditures) x A and "limited control" provisions apply	ted group member's name,	, address, EIN
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	20,708	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	20,000	
C	Total lobbying expenditures (add lines 1a and 1	40,708		
d	O ther exempt purpose expenditures		3,042,811	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	3,083,519	
f	Lobbying nontaxable amount Enter the amount to columns	from the following table in both	304,176	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	76,044	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying non-taxable amount		282,601		304,176	586,777				
b	Lobbying ceiling amount (150% of line 2a, column(e))					880,166				
c	Total lobbying expenditures		36,353		40,708	77,061				
d	Grassroots non-taxable amount		70,650		76,044	146,694				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					220,041				
f_	Grassroots lobbying expenditures				20,708	20,708				

┌ Yes ┌ No

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
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	O ther 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	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	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 excess does 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			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493214009092

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	me of the organization Pride Foundation	Employer identification number							
me	ride roundation		91-1325007						
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99								
	g	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year	26							
2	Aggregate contributions to (during year)	367,990							
3	Aggregate grants from (during year)	222,050							
4	Aggregate value at end of year	304,837							
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		radvised						
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit								
Pai	rt III Conservation Easements. Complete	ıf 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., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an I Preservation of a co	ertified historic structure						
		Γ	Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified his	toric structure included in (a)	2c						
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d						
3	Number of conservation easements modified, transfer the taxable year ►	erred, released, extinguished, or terminated	by the organization during						
4	Number of states where property subject to conserva	ation easement is located ►	_						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		Ing of violations, and Yes No						
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	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 sect	on 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 s							
Par	Complete if the organization answered		r Other Similar Assets.						
1a	T()								
b									
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X		▶ \$						
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

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easur	res, or Ot	<u>ther</u>	<u> Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are	a significa	nt us	e of its collection	on	
а	Public exhibition		d	Γ	Loan o	rexch	ange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	rganızatıon'	s exe	empt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiz	ation			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbut	ions o	r other asse	ets n		Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able				A		
_	Darwaya balanca							10	Amo	unt	
c d	Additions during the year						-	1c 1d			
e	Additions during the year						—	1e			
f	Distributions during the year						-	1f			
	Ending balance	orm 000 Davit V Ivo						<u> </u>		Yes	
2a	Did the organization include an amount on Fo		e 21 ′						10	res) NO
	If "Yes," explain the arrangement in Part XI\				ad !!\/aa	" to [·o	Dowl	TV long 10		
Рa	rt V Endowment Funds. Complete	(a)Current Year)Prior			orm 990, o Years Back			(e) Four	Years Back
1a	Beginning of year balance	24,232,646	(5		,080,635	(0)1111	18,157,592		22,970,590	(C) our	Tears back
b	Contributions	102,827			90,534		894,933	3	801,401		
c	Investment earnings or losses	1,639,137		2	,007,367		4,783,33	7	-5,310,322		
d	Grants or scholarships	212,699			176,846		83,388	3	304,077		
e	Other expenditures for facilities and programs	1,108,998			734,540		671,839	9			
f	Administrative expenses	38,763			37,504						
g	End of year balance	24,614,150		24	,232,646		23,080,635	5	18,157,592		
2	Provide the estimated percentage of the yea	r end balance held	as		•				•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ► 94 000 %										
С	Term endowment ► 6 000 %										
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	are held	and ac	dmınıstered	for t	:he		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)		
	(ii) related organizations					•			3a(ii)	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	<u>3b</u>		
Peli	t VI Land, Buildings, and Equipme	int. See Follii 99	70, Pa					Т		Т	
	Description of property				i) Cost or sis (invest		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) E	book value
1a	Land									1	
b	Buildings		•					_			
С	Leasehold improvements										
d	Equipment						197,	,328	87,938	3	109,390
	Other		•								
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	nn (B)), line	10(c).)						109,390
									Schedule D	Form 9	990) 201:

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)Financial derivatives		,	
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	· ·		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1		untion
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
		,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X	-		
	scription	(b)	Book value
(1) Assets Held in Trust			1,153,000
(2) Deposits			14,572
(3) Marketable Securities Held for Others			27,497,951
			· ·
Total. (Column (b) should equal Form 990, Part X, col.(B) II.	ne 15.)		28,665,523
Part X Other Liabilities. See Form 990, Pa			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,258,570
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,083,519
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-824,949
4	Net unrealized gains (losses) on investments	4	1,174,394
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	1,174,394
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	349,445
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	3,297,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,185,649
3	Subtract line 2e from line 1	3	2,112,036
4	Amounts 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 146,534		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	146,534
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,258,570
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	Return
1	Total expenses and losses per audited financial statements	1	2,948,240
2	Amounts 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 2a through 2d	2e	11,255
3	Subtract line 2e from line 1	3	2,936,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 146,534		
а	, , ,		
a b	Other (Describe in Part XIV)		
		4c	146,534

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 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

Identifier	Return Reference	Explanation
		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
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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DLN: 93493214009092

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Name of the organization						Employer identificati	on number
The Pride Foundation						91-1325007	
Part I General Information	n on Grants and	Assistance				I	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization Part II Grants and Other A Form 990, Part IV, In 	vard the grants or ass ation's procedures fo ssistance to Gov	sistance? r monitoring the use overnments and O	f grant funds in the Unite		nplete if the orga	nızatıon answered "Y	
Part IV and Schedule	I-1 (Form 990) if	additional space is	needed	· · · · · · · ·	· · · · ·	• • • • • • • •	► F
(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 grar or assistance
See Addıtıonal Data Table							
2 Enter total number of section 503 Enter total number of other organization		_					
				0 . N. 500555			

Part III	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) Number of recipients	(c) 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
(1) Scholarships for post-seconday education	100	360,834			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring	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
Grants in the U S		letter

Schedule I (Form 990) 2011

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 Sta							
(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
Basic Rights Oregon Education FundPO Box 40625 Portland, OR 97240	93- 1266613	501(c)(3)	15,150		2		Support LGBT community
Cascadia Behavioral Healthcare3024 NE Mlk Jr Blvd Portland, O R 97212	93- 0770054	501(c)(3)	5,500				Support LGBT community
Montana Human Rights NetworkPO Box 1509 Helena,MT 596241509	81- 0472423	501(c)(3)	9,550				Support LGBT community
Northwest Immigrant Rights Project615 2nd Ave Suite 400 Seattle, WA 98104	91- 1393082	501(c)(3)	6,500				Support LGBT community
Planned Parenthood of Montana2525 4th Ave N Suite 201 Billings,MT 59101	81- 0307201	501(c)(3)	5,550				Support LGBT community
Hispanic Chamber of CommercePO Box 1837 Portland, OR 97207	93- 1156358	501(c)(3)	9,498				Support LGBT community
King County Sexual Assualt Resource CenterPO Box 300 Renton, WA 98057	91- 0967255	501(c)(3)	10,400				Support LGBT community
Plymouth Healing Communities1217 6Th Ave Seattle,WA 98101	91- 2031385	501(c)(3)	10,000				Support LGBT community
Camp Ten Trees 1122 E Pike St Pmb 1488 Seattle, WA 98122	01- 0923793	501(c)(3)	5,500				Support LGBT community
River of Life Metropolitan2625 W Bruneau Pl Unit C Kennewick, WA 99336	26- 0357718	501(c)(3)	6,350				Support LGBT community
Children's Home Society of WashingtonPo Box 605 Vancouver, WA 98666	91- 0575955	501(c)(3)	6,400				Support LGBT community
Rural Organizing ProjectPO Box 1350 Scappoose, OR 970561350	93- 1159856	501(c)(3)	5,500				Support LGBT community
Shunpike3518 Fremont Ave N Box 118 Seattle,WA 98103	91- 2138554	501(c)(3)	12,300				Support LGBT community
The Northwest School1415 Summit Ave Seattle,WA 98122	91- 1061146	501(c)(3)	6,000				Support LGBT community
Entre HermanosPo Box 12187 Seattle, WA 98102	31- 1775429	501(c)(3)	18,872				Support LGBT community
Youth Suicide Prevention Program 444 NE Ravenna Blvd 401 Seattle, WA 98115	91- 2088624	501(c)(3)	6,150				Support LGBT community
Umatilla Morrow Alternatives601 E Sunset Dr Hermiston, OR 97838	26- 1238793	501(c)(3)	10,000				Support LGBT community
Gay City Health Project511 E Pike St Seattle, WA 98122	91- 1685822	501(c)(3)	11,500				Support LGBT community
Equal Rights Washington Education Fund 1402 3rd Ave Suite 201 Seattle, WA 98101	20- 1205882	501(c)(3)	8,000				Support LGBT community
Global Partnerships 1932 1st Ave Suite 400 Seattle, WA 98101	82- 0574491	501(c)(3)	12,000				Support LGBT community

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United S							
(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
Fred Hutchinson Cancer Research Center FoundationPO Box 19024 Seattle, WA 981091024	23- 7156071	501(c)(3)	20,000				Support LGBT community
One America1225 S Weller Suite 430 Seattle, WA 981441906	20- 0384893	501(c)(3)	5,950				Support LGBT community
One AnchoragePO Box 90921 Helena, MT 596241509	45- 3056414	501(c)(4)	15,000				Support LGBT community
Kitsap County HIVAIDS Foundation Po Box 2169 Silverdale, WA 98383	94- 3133107	501(c)(3)	6,500				Support LGBT community
Lambda Legal Defense & Education Fund120 Wall St 1500 New York, NY 100053904	23- 7395681	501(c)(3)	23,750				Support LGBT community
Legal Voice907 Pine St 500 Seattle, WA 98101	91- 1047900	501(c)(3)	8,400				Support LGBT community
Washington United for MarriagePo Box 21022 Seattle, WA 98111	45- 3690331	501(c)(4)	12,000				Support LGBT community
Pierce County AIDS Foundation3520 S Pine St Tacoma, WA 98409	91- 1385245	501(c)(3)	7,000				Support LGBT community
Rainbow Center741 St Helens Ave Tacoma, WA 98402	91- 1859897	501(c)(3)	5,500				Support LGBT community
Seattle Children's Theatre201 Thomas St Seattle, WA 98109	51- 0172421	501(c)(3)	11,000				Support LGBT community
Stonewall YouthPO Box 7383 Olympia, WA 985077383	94- 3202727	501(c)(3)	7,000				Support LGBT community
Three Dollar Bill Cinema1122 E Pike St 1313 Seattle, WA 981223934	91- 1708195	501(c)(3)	10,250				Support LGBT community
University Congregational United Church4515 16th Ave NE Seattle, WA 981054201	91- 0573111	501(c)(3)	8,000				Support LGBT community
Western Montana Community Center 127 N Higgins Ave Suite 202 Missoula, MT 59802	81- 0537207	501(c)(3)	10,850				Support LGBT community

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NonCash Contributions

DLN: 93493214009092

OMB No 1545-0047

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Open to Public Inspection

Name of the organization The Pride Foundation

SCHEDULE M

(Form 990)

Employer identification number

D.	Tunes of Duenoute				91-1325007			
<u>ra</u>	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	Method of contribution		_	
	Aut. Maula afaut			1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	9	130 767	Stock Market Price	<u> </u>		
	Securities—Closely held stock .			133,737	Jesek Harker Het			
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles		_					
	Food inventory	X	2	282	Retail Cost			
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		_	F 2.4	Data I Cash			
	Other ► (Supplies)	X	5		Retail Cost Retail Cost			
	Other ► (<u>Travel</u>)	_ X	1	254	Retail Cost			
	Other ► ()							
	Other ► () Number of Forms 8283 received	hu tha ara						
9	for which the organization comp				29			
							Yes	No
0a	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							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem							
1	Does the organization have a gi			review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us	e third part	ies or related organizations	s to solicit, process, or sell i	non-cash			
	contributions?					32a		NI A
h	If "Yes," describe in Part II		-		-	32a		Νo
33 33	If the organization did not report	t revenues i	in column (c) for a type of n	ronerty for which column (a) is checked			
	describe in Part II	c revenues i	columni (c) for a type of p	opercy for wineri columni (a	, 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) 2011

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DLN: 93493214009092

OMB No 1545-0047

2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
The Pride Foundation

Employer identification number

91-1325007

Identifier 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's 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. Audit reports are available on our wiebsite.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 1,174,394
	Form 990, Part XII, Line 2c	The audit committee process has not changed since the prior year

Additional Data

Software ID: Software Version:

EIN: 91-1325007

Name: The Pride Foundation

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 25,130 including grants of \$) (Revenue \$ 24,600)

FELLOWSHIP PROGRAM Pride Foundation Fellowship Program seeks to cultivate leaders and strengthen the Pacific Northwest LGBTQ community This fellowship experience will provide an opportunity for professional development as well as an introduction to the work of community leadership organizations by matching 6 exceptional Pride Foundation Scholarship recipients and other LGBTQ and ally students with Pride Foundation grantees and other organizations committed to LGBTQ equality