See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

EXTENSION ATTACHED

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Sep 1 , 2013, and ending Aug 31 , 2014

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
ALBUQUERQUE PRIDE, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 26033

City or town, state or province, country, and ZIP or foreign postal code
ALBUQUERQUE NM 87125

D Employer identification number
85-0443655

E Telephone number
(505) 228-1846

F Group Exemption Number ►

G Accounting Method [ ] Cash [X] Accrual Other (specify) ►

I Website: ► ABQPRIDE.COM

J Tax-exempt status (check only one) – [X] 501(c)(3) [ ] 501(c) ( ) ◄(insert no) [ ] 4947(a)(1) or [ ] 527

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization. [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 154,145.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	296.
	2	Program service revenue including government fees and contracts	2	153,849.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less. cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	*Other revenue (describe in Schedule O)*	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	154,145.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) STATEMENT 1	10	4,584.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	455.
	14	Occupancy, rent, utilities, and maintenance	14	5,839.
	15	Printing, publications, postage, and shipping	15	3,507.
	16	Other expenses (describe in Schedule O) STATEMENT 2	16	158,148.
	17	**Total expenses.** Add lines 10 through 16 ►	17	172,533.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,388.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,042.
	20	Other changes in net assets or fund balances (explain in Schedule O) STATEMENT 4	20	-8,702.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	54,952.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

TEEA0812 11/27/13

RECEIVED
JUL 15 2015
OGDEN, UT
IRS-OSC
4336

SCANNED JUL 24 2015

12

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	77,072.	22	61,995.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O) STATEMENT 3	4,970.	24	1,000.
25	**Total assets**	82,042.	25	62,995.
26	**Total liabilities** (describe in Schedule O) STATEMENT 3	0.	26	8,043.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	82,042.	27	54,952.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 PRIDE PARADE AND PRIDEFEST - SEE STATEMENT 5 ATTACHED

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ 28a 125,218.

29 OUTSTANDING AWARDS - SEE STATEMENT 6 ATTACHED

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ 29a 12,129.

30 PRIDE PAGEANT - SEE STATEMENT 7 ATTACHED

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ 30a 7,442.

31 Other program services (describe in Schedule O) STATEMENT 8

(Grants $ 0.) If this amount includes foreign grants, check here ► ☐ 31a 1,041.

32 **Total program service expenses** (add lines 28a through 31a) ► 32 145,830.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NEIL MACERNIE PRESIDENT	15.00	0.	0.	0.
J.R. LABERGE-ESPARZA VICE PRESIDENT	15.00	0.	0.	0.
CRAIG LABERGE-ESPARZA SECRETARY	15.00	0.	0.	0.
RAVEN FOXX TREASURER	7.50	0.	0.	0.
TONY CARSON DIRECTOR	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		X
36	*Did the organization undergo a liquidation, dissolution, termination, or significant* disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	*Section 501(c)(3) and 501(c)(4) organizations* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ►			

42a The organization's books are in care of ► RAVEN FOXX Telephone no ► (505) 228-1846

Located at ► 2610 SAN MATEO BLVD NE SUITE E ALBUQUERQUE NM ZIP + 4 ► 87110

			Yes	No
b	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)?	42b		X
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If 'Yes,' enter the name of the foreign country ►			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here . . . . . ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE NONE	0.00	0.	0.	0.

f Total number of other employees paid over $100,000 ► 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE	NONE	0.

d Total number of other independent contractors each receiving over $100,000 ► 0

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer Date Jul 8, 2015

Type or print name and title NEIL MACERNIE, PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name RALPH E BRIDGEMAN	Preparer's signature	Date 7/8/15	Check ☐ if self-employed PTIN P00028226
Firm's name ► BRIDGEMAN & ASSOCIATES, P.C.			
Firm's address ► 6301 INDIAN SCHOOL RD NE SUITE 680 ALBUQUERQUE NM 87110-8197			Firm's EIN ► 26-0527485 Phone no (505) 884-2820

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
ALBUQUERQUE PRIDE, INC.	85-0443655

Part I 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.)

1 ☐ A church, convention of churches or association of churches described in **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).**

4 ☐ 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:

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 – Non-functionally integrated

e ☐ 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).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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)		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 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 organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
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 **Total.** Add lines 1 through 3						
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 (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 %

16a **33-1/3% support test — 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

b **33-1/3% support test — 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

17a **10%-facts-and-circumstances test — 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization . . . . . ► ☐

b **10%-facts-and-circumstances test — 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► ☐

Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')		26,705.		2,362.	296.	29,363.
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		128,912.		163,559.	153,849.	446,320.
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 **Total.** Add lines 1 through 5		155,617.		165,921.	154,145.	475,683.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		0.		0.	0.	0.
b 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		0.		0.	0.	0.
c Add lines 7a and 7b		0.		0.	0.	0.
8 **Public support** (Subtract line 7c from line 6)						475,683.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		155,617.		165,921.	154,145.	475,683.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		12.		0.	0.	12.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0.		0.	0.	0.
c Add lines 10a and 10b		12.		0.	0.	12.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		0.		0.	0.	0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 9,10c, 11 and 12)		155,629.		165,921.	154,145.	475,695.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	0.01 %

19a **33-1/3% support tests — 2013.** 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 more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests — 2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

ALBUQUERQUE PRIDE, INC.

Employer identification number

85-0443655

ORGANIZATION'S PRIMARY EXEMPT PURPOSE:

ALBUQUERQUE PRIDE, INC. STRIVES T PROMOTE THE GAY, LESBIAN, BISEXUAL AND TRANSGENDER COMMUNITY THROUGH PRODUCING QUALITY EVENTS IN CELEBRATION OF SEXUAL DIVERSITY.

STATEMENT OF PROGRAM ACCOMPLISHMENTS:

TO PROMOTE LESBIAN/GAY/BISEXUAL/TRANSGENDER (LGBT) PRIDE ON A COMMUNITY, CITY, STATE, NATIONAL AND INTERNATIONAL LEVEL BY:

1. CONDUCTING PROGRAMS OF AN EDUCATIONAL PURPOSE FOR THE INTENT OF HELPING LGBT PERSONS BECOME MORE COMFORTABLE WITH WHO THEY ARE AND TO EDUCATE THE PUBLIC TOWARD A BETTER UNDERSTANDING OF LGBT ISSUES WHILE COMBATTING INACCURACIES AND STEROTYPES;

2. NETWORKING AND SHARING OF INFORMATION RELATED TO THE PROMOTION AND ORGANIZATION OF PRIDE CELEBRATIONS AND EDUCTIONAL EVENTS.

3. EMPOWERING AND SUPPORTING ALBUQUERQUE PRIDE, INC. AND REGIONAL PRIDE ORGANIZATIONS IN THEIR EFFORTS, SUCH AS SHARING INFORMATION AND RESOURCES.

Name of the organization: ALBUQUERQUE PRIDE, INC.

Employer Identification number: 85-0443655

STATEMENT REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS:

(A) DID THE ORGANIZATION, AT ANY TIME DURING THE YEAR, DIRECTLY OR INDIRECTLY, RECEIVE ANY FUNDS TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

ANSWER: NO.

(B) DID THE ORGANIZATION, AT ANY TIME DURING THE YEAR, DIRECTLY OR INDIRECTLY, PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

ANSWER: NO.

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
ALBUQUERQUE PRIDE, INC.	85-0443655
Number, street, and room or suite number. If a P.O. box, see instructions.	**Social security number (SSN)**
POST OFFICE BOX 26033	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
ALBUQUERQUE NM 87125	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

INTERNAL REVENUE SERVICE
W&I FIELD ASSISTANCE
ALBUQUERQUE, NM 87109
JAN 05 2015

RECEIVED
43517

- The books are in the care of ► RAVEN FOXX, TREASURER
  Telephone No. ► (505) 228-1846 Fax No. ► (505) 888-1831
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ► [ ]. If it is for part of the group, check this box . . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 15, 20 15, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
► [ ] calendar year 20 ____ or
► [X] tax year beginning Sep 1, 20 13, and ending Aug 31, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

equesting an automatic 6-month extension—check this box and complete . . . . . ▶ ☐

erships, REMICs, and trusts must use Form 7004 to request an extension of time

Enter filer's identifying number, see instructions

see instructions.	Employer identification number (EIN) or
.O. box, see instructions.	Social security number (SSN)

e. For a foreign address, see instructions.

tion is for (file a separate application for each return) . . . . . ☐

	Return Code	Application Is For	Return Code
	01	Form 990-T (corporation)	07
	02	Form 1041-A	08
	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ _____

Telephone No. ▶ _____ Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20 ____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ALBUQUERQUE PRIDE, INC.	85-0443655
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	POST OFFICE BOX 26033	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBUQUERQUE, NEW MEXICO 87125	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ RAVEN FOXX, TREASURER
Telephone No. ▶ 505-228-1846 Fax No. ▶ 505-888-1831
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 20 15.
5 For calendar year ____, or other tax year beginning SEPTEMBER 1, 20 13, and ending AUGUST 31, 20 14.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension THE ORGANIZATION WAS INVOLVED IN NUMEROUS TRANSACTIONS, THE DETAILS OF WHICH ARE STILL NOT AVAILABLE FROM UNRELATED THIRD PARTIES. THIS ADDITIONAL THREE MONTH EXTENSION WILL ALLOW THE ORGANIZATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ RAVEN FOXX Title ▶ TREASURER Date ▶

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ALBUQUERQUE PRIDE, INC.	85-0443655
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	POST OFFICE BOX 26033	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBUQUERQUE, NEW MEXICO 87125	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ RAVEN FOXX, TREASURER

Telephone No. ▶ 505-228-1846 Fax No. ▶ 505-888-1831

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 20 15.

5 For calendar year ____, or other tax year beginning SEPTEMBER 1, 20 13, and ending AUGUST 31, 20 14.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension THE ORGANIZATION WAS INVOLVED IN NUMEROUS TRANSACTIONS, THE DETAILS OF WHICH ARE STILL NOT AVAILABLE FROM UNRELATED THIRD PARTIES. THIS ADDITIONAL THREE MONTH EXTENSION WILL ALLOW THE ORGANIZATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ RAVEN FOXX Title ▶ TREASURER Date ▶

COPY

ALBUQUERQUE PRIDE, INC. STATEMENT 1
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 1, PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

ALANTZA OF NEW MEXICO	2,342
N'MPOWER ALBUQUERQUE	1,342
INTERPRIDE	600
UNITED COURT OF THE SANDIAS	300
TOTAL GRANTS & SIMILAR AMOUNTS PAID	4,584

ALBUQUERQUE PRIDE, INC. STATEMENT 2
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 1, PART I, LINE 16 - OTHER EXPENSES

ADVERTISING AND MARKETING	6,163
ANNUAL GENERAL MEETING EXPENSE	539
ART SHOW PROFIT SPLIT	1,978
AUDIO/VISUAL AND SOUND	16,695
BARRICADES	4,954
BOOTH RENTAL REBATES	800
CONVENTION AND TRAVEL EXPENSE	8,467
CREDIT CARD FEES	3,797
CROWN AND REGALIA	1,061
DECORATIONS	1,200
DIRECTORS ERRORS AND OMISSIONS INSURANCE	627
EMCEE EXPENSE	550
ENTERTAINERS AND TRAVEL EXPENSE	23,231
EQUIPMENT RENTAL	25,104
EVENT INSURANCE	4,068
FEDERAL EXPRESS EXPENSE	206
FILING FEES	65
MEALS AND ENTERTAINMENT EXPENSE	750
MISCELLANEOUS EXPENSE	629
OFFICE REFRESHMENTS	184
OFFICE SUPPLIES	206
PARKING EXPENSE (UNM)	100
PARADE ENTRY FEES	25
POLICE AND SECURITY	6,412
RELOCATION EXPENSE	508
RETREAT EXPENSE	445
SET-UP EXPENSE	1,825
SOFTWARE EXPENSE	140
SPONSORSHIP EXPENSE	250
SUBCONTRACTED SERVICES	1,881
TELEPHONE	884
TRAVEL EXPENSE	371
TROPHIES AND AWARDS	1,410
VENUE EXPENSE	41,503
VIDEOGRAPHER	980
WEBSITE HOSTING FEES	140
TOTAL OTHER EXPENSES	158,148

ALBUQUERQUE PRIDE, INC. STATEMENT 3
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 2, PART II, LINE 24 - OTHER ASSETS

	BEGINNING	ENDING
INVENTORY	1,000	1,000
PREPAID EXPENSES	470	0
SPONSORSHIPS RECEIVABLE	3,500	0
TOTAL OTHER ASSETS	4,970	1,000

FORM 990-EZ, PAGE 2, PART II, LINE 24 - LIABILITIES

	BEGINNING	ENDING
RESERVE FOR CONTINGENT EXPENSES	0	7,781
RESERVE FOR SCHOLARSHIP FUND	0	262
TOTAL LIABILITIES	0	8,043

ALBUQUERQUE PRIDE, INC. STATEMENT 4
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 1, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

	INCREASE (DECREASE)
RESERVE FOR SCHOLARSHIP FUND	(262)
RESERVE FOR CONTINGENT EXPENSES PREVIOUSLY NOT RECORDED	(7,781)
PRIOR PERIOD ADJUSTMENTS	(659)
TOTAL OTHER INCREASE (DECREASE) IN NET ASSETS OR FUND BALANCES	(8,702)

ALBUQUERQUE PRIDE, INC. STATEMENT 5
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 2, PART III, PROGRAM SERVICE EXPENSES

PRIDE PARADE & PRIDEFEST	*LINE 28a*
ADVERTISING & MARKETING	2,566
ART SHOW PROFIT SPLIT	1,978
AUDIO / VISUAL & SOUND	15,221
BARRICADES	4,954
BOOTH RENTAL REBATES	800
CREDIT CARD FEES	2,120
DECORATIONS	1,200
D J - MAIN STAGE	400
ENTERTAINERS & TRAVEL EXPENSE	20,025
EQUIPMENT RENTAL	24,754
EVENT INSURANCE	3,496
PARKING (UNVERSITY OF NEW MEXICO)	100
POLICE & SECURITY	6,412
PRINTING & PROGRAM EXPENSE	3,200
REFRESHMENTS	184
SET-UP SUPPLIES	1,036
TROPHIES & AWARDS	600
SUBCONTRACTED SERVICES	1,881
VENUE EXPENSE	33,691
VIDEOGRAPHER	600
TOTAL PROGRAM EXPENSE - FORM 990-EZ, PAGE 2, PART III, LINE 28a	125,218

ALBUQUERQUE PRIDE, INC. STATEMENT 6
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 2, PART III, PROGRAM SERVICE EXPENSES

OUTSTANDING AWARDS	*LINE 29a*
ADVERTISING & MARKETING	1,629
AUDIO / VISUAL & SOUND	924
CREDIT CARD FEES	543
EMCC EXPENSE	150
ENTERTAINERS & TRAVEL EXPENSE	596
EVENT INSURANCE	156
PRINTING & PROGRAM EXPENSE	307
SET-UP SUPPLIES	302
TROPHIES & AWARDS	460
VENUE EXPENSE	7,062
TOTAL PROGRAM EXPENSE - FORM 990-EZ, PAGE 2, PART III, LINE 29a	12,129

FORM 990-EZ, PAGE 2, PART III, PROGRAM SERVICE EXPENSES

PRIDE PAGEANT	*LINE 30a*
ADVERTISING & MARKETING	1,097
AUDIO / VISUAL & SOUND	550
CREDIT CARD FEES	253
CROWNS & REGALIA	1,061
ENTERTAINERS & TRAVEL EXPENSE	2,610
EVENT INSURANCE	98
PRINTING & PROGRAM EXPENSE	482
SET-UP SUPPLIES	391
TROPHIES & AWARDS	350
VENUE EXPENSE	450
VIDEOGRAPHER	100
TOTAL PROGRAM EXPENSE - FORM 990-EZ, PAGE 2, PART III, LINE 30a	7,442

ALBUQUERQUE PRIDE, INC. STATEMENT 8
SCHEDULE 0 - SUPPLEMENTAL INFORMATION EIN: 85-0443655

FORM 990-EZ, PAGE 2, PART III, PROGRAM SERVICE EXPENSES

AIDS WALK	*LINE 31a*
ADVERTISING & MARKETING	46
CREDIT CARD FEES	280
EVENT INSURANCE	318
SET-UP SUPPLIES	97
VENUE EXPENSE	300
TOTAL PROGRAM EXPENSE - FORM 990-EZ, PAGE 2, PART III, LINE 31a	1,041

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

equesting an automatic 6-month extension—check this box and complete . . . . . ▶ ☐

nerships, REMICs, and trusts must use Form 7004 to request an extension of time

	Enter filer's identifying number, see instructions
see instructions.	Employer identification number (EIN) or
.O. box, see instructions.	Social security number (SSN)

e. For a foreign address, see instructions.

ion is for (file a separate application for each return) . . . . . ☐

	Return Code	Application Is For	Return Code
	01	Form 990-T (corporation)	07
	02	Form 1041-A	08
	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RECEIVED
JUL 15 2015
OGDEN, UT
456 RS-OSC

- The books are in the care of ▶ _____

Telephone No. ▶ _____ Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20 ____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

RECEIVED
APR 28 2015
OGDEN, UT
537 IRS-OSC

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COPY

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

ISA

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	ALBUQUERQUE PRIDE, INC.	85-0443655
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	POST OFFICE BOX 26033	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBUQUERQUE, NEW MEXICO 87125	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ RAVEN FOXX, TREASURER

Telephone No. ▶ 505-228-1846 Fax No. ▶ 505-888-1831

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 20 15.

5 For calendar year ____, or other tax year beginning SEPTEMBER 1, 20 13, and ending AUGUST 31, 20 14.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension THE ORGANIZATION WAS INVOLVED IN NUMEROUS TRANSACTIONS, THE DETAILS OF WHICH ARE STILL NOT AVAILABLE FROM UNRELATED THIRD PARTIES. THIS ADDITIONAL THREE MONTH EXTENSION WILL ALLOW THE ORGANIZATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ RAVEN FOXX Title ▶ TREASURER Date ▶

COPY

7012 2920 0001 0023 7699

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®
OGDEN UT 84201 **OFFICIAL USE**

Postage	$ $1.40
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $7.40

0110 ALBUQUERQUE NM 87107 APR 15 2015 Postmark Here 04/15/2015

Sent To
Internal Revenue Service
Ogden, Utah 84201
Street, Apt or PO Box
City, State,

PS Form 3800, August 2006 See Reverse for Instructions

Albuquerque Pride, Inc.
Form 8868 - Request for Additional
Three Months to File Form 990 for
Year Ended 08/31/2014

iority Mail®

Mail. For

- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

Albuquerque Pride, Inc. - Form 8868
Request for Additional 3 Months to
File Form 990 for YE: 08/31/2014

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Bridgeman & Associates, P.C.
6301 Indian School NE - Suite 680
Albuquerque, New Mexico 87110

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service
Odgen, Utah 84201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

RECEIVED
APR 28 2015
OGDEN, UT
466 RS-OSC

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 2920 0001 0023 7699

PS Form 3811, July 2013 Domestic Return Receipt

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
ALBUQUERQUE PRIDE, INC.	85-0443655
Number, street, and room or suite number. If a P.O. box, see instructions.	**Social security number (SSN)**
POST OFFICE BOX 26033	
City, town or post office, state, and ZIP code For a foreign address, see instructions.	
ALBUQUERQUE NM 87125	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

INTERNAL REVENUE SERVICE
W & I FIELD ASSISTANCE
ALBUQUERQUE NM 87109
JAN 05 2015

- The books are in the care of ► RAVEN FOXX, TREASURER

RECEIVED
43517

Telephone No. ► (505) 228-1846 Fax No. ► (505) 888-1831

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ► [ ]. If it is for part of the group, check this box . . . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning Sep 1, 20 13, and ending Aug 31, 20 14.

466 JUL 15 2015 RS-OSC
OGDEN, UT

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.