#### Form 8879-EO

#### **IRS e-file Signature Authorization** for an Exempt Organization

For calendar year 2011, or fiscal year beginning  $APR\ 1$  , 2011, and ending  $MAR\ 31$  , 20 12

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service See instructions. Name of exempt organization Employer identification number The Pride Foundation 91-1325007 Name and title of officer Kathy Wehle Treasurer Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b \_\_\_\_ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_\_ b Tax based on investment income (Form 990-PF, Part VI, line 5) ....... 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize Jacobson Jarvis & Co, PLLC 25007 to enter my PIN ERO firm name as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91451295935 number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Howard Donkin, CPA

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form **8879-EO** (2011)

# Public Disclosure Copy

#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3794

Department of the Treasury

Internal Revenue Service

**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

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

Open to Public Inspection

A	For th	= 2011 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ 2 $$ $$ $$ $$ $$ and ending	MAR 31, 2012	
В	Check if applicab	C Name of organization	D Employer identifi	cation number
	Addre	The Pride Foundation		
	Name	e Doing Business As	91–1	325007
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	7
	Termi ated	1122 E Pike   1001	(206	) 323-3318
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	6,024,622.
	Application		H(a) Is this a group re	
	pendi	F Name and address of principal officer: Kris Hermanns	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	luded? Yes No
			527 If "No," attach a	list. (see instructions)
_		e: NWW.PRIDEFOUNDATION.org	H(c) Group exemption	
Later of the later	***		ear of formation: $1985$ N	1 State of legal domicile: WA
P	art I	Summary		
æ	1	Briefly describe the organization's mission or most significant activities: Strength	en & support	gay &
Activities & Governance		lesbian community in the Pacific Northwest.		*
ern		Check this box 🕨 🔛 if the organization discontinued its operations or disposed of n	1 1	
Š		Number of voting members of the governing body (Part VI, line 1a)		21
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)		21
ies		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		19
Ξ		Total number of volunteers (estimate if necessary)		485
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
		0. 1.9.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Prior Year 1,294,189.	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,294,109.	1,357,518.
Ven	9	Program service revenue (Part VIII, line 2g)	440,548.	587,122.
å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369,489.	313,930.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,104,226.	2,258,570.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,002,252.	1,072,174.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
(0	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	784,525.	1,121,380.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25) 373,034.	5.0	
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	872,229.	889,965.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,659,006.	3,083,519.
	1	Revenue less expenses. Subtract line 18 from line 12	-554,780.	-824,949.
oc			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	59,167,339.	54,060,535.
ASS	21	Total liabilities (Part X, line 26)	33,106,918.	27,650,669.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	26,060,421.	26,409,866.
P	art II	Signature Block		
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	re	Kathy Wehle, Treasurer		
		Type or print name and title		71 5
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		Howard Donkin, CPA Howard Donkin, CPA	07/23/12 if self-employe	
	parer	Firm's name Jacobson Jarvis & Co, PLLC	Firm's EIN ▶	91-2011386
Use	Only	Firm's address 600 Stewart Street, Suite 1900		2062 620 2222
		Seattle, WA 98101-1219	Phone no. (2	206)-628-8990
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1,7	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	Х
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		Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b> '-		
ŭ	Schedule D, Part III	8		Х
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	x	
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	Х	
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
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		_X_
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		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
e «	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
124	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		_X_
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ĺ	v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	The state of the s			

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 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		Х
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 lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
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		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		Х
b				
	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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٥.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	х	
			ــــــــــــــــــــــــــــــــــــــ	

Form **990** (2011)

PF\_\_\_\_1

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Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
				_ <b>(</b> *************	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1.			
b		1b	l	)		
С	, , , , , , , , , , , , , , , , , , , ,		•			
	(gambling) winnings to prize winners?	 I	 I	1c	X	********
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1,			
	filed for the calendar year ending with or within the year covered by this return	2a	19		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	• • • • • • • • • • • • • • • • • • • •			3b	├	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	١		Х
la.	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)'7	4a		Λ
D	If "Yes," enter the name of the foreign country:	A				
50	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			E		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		- 11
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ua	any contributions that were not tax deductible?	_		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			- UZ		
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		•••••	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices r	provided to the payor?	7a	400000000000	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	• • • • • • • • • • • • • • • • • • • •		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		CONTRACTOR CON
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	• • • • • • • • • • • • • • • • • • • •	10b		-		
11	Section 501(c)(12) organizations. Enter:	١ ١				
a	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	۱,,,				
100	amounts due or received from them.)	11b	·	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	İ		12a		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		9000000000 ****************************
а	Note. See the instructions for additional information the organization must report on Schedule O.			138		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		1		
				14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
			**************************************	-	990 (	2011)

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

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion 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	1a	2	1			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	II					
_	officer, director, trustee, or key employee?			ľ	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th			.			
J	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			· F	4		X
				- 1	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass						X
6	Did the organization have members or stockholders?			·	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately a second se	•		Ì	_		v
	more members of the governing body?			•  -	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						37
	persons other than the governing body?			S	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	<u>-</u>				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			.  _	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. [	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo					i	
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			100	15a	Х	10000000000
	Other officers or key employees of the organization				15b	X	
-	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 arrangen	nent wi	th a				
	taxable entity during the year?				16a	33333333	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-					
	exempt status with respect to such arrangements?			88	16b	5555555	
300	tion C. Disclosure	<u></u>			100 [		
17	List the states with which a copy of this Form 990 is required to be filed ▶WA						
		/Conti	n 501/a\/3\a ank	١ ۵۷	oilobl		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	เวยบแต	ภา อบา(อ)(อ)ธ บทิเร	, av	anabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  X Another's website  Upon request						
	· · ·	_ £12 - 2	St.4 "		£i	_1_1	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	ntlict o	interest policy, a	ınd	Tinan	ciai	
	statements available to the public during the tax year.				ь.		
20	State the name, physical address, and telephone number of the person who possesses the books an	id reco	ras of the organiz	atio	on: 📂		
	Jimbo Worm - 206-323-3318						
32006	1122 East Pike #1001, Seattle, WA 98122-3934					^^^	
1-23-	2				Form !	990 (2	2011)

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

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

#### 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. 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)  Name and Title	(B) Average hours per week	(do		Pos heck ss pe	ition	than	one h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Doug Exworthy										
President	7.00	X		X				0.	0.	0.
(2) Rachel Valdez										•
Vice President	7.00	X		X		<u> </u>		0.	0.	0.
(3) Mike Scott		l								
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	X						0.	0.	0.
(6) Robert Cundall								_	_	
Board Member	3.00	X						0.	0.	0.
(7) Robert Evans										
Board Member	5.00	X						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 Kirby										
Board Member	5.00	X						0.	0.	0.
(12) Mike Kleer				-						
Board Member	3.00	Х						0.	0.	0.
(13) Ben Bakkenta										
Board Member	3.00	X						0.	0.	0.
(14) Jackie Ostrom										
Board Member	5.00	X						0.	0.	0.
(15) Alex Pava										
Board Member	3.00	Х						0.	0.	0.
(16) Kathy Reim										
Board Member	3.00	X						0.	0.	0.
(17) Jeff Sakuma										
Board Member	3.00	Х						0.	0.	0.
										Earm 000 (0011)

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Form 990 (2011)

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A)			(	C)			(D)	(E)		(F)	
Name and title	Average	ldo	not c		ition		ono	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation		amount of
	week		cer an	dac	lirecto	or/trus	itee)	from	from related		other
	(describe hours for	inecto						the	organizations	.	compensation
	related	or d	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"	from the organization
	organizations	nuste	l trus	ĺ	92	mpeu		(44-271099-141130)			and related
	in Schedule	Individual trustee or director	Institutional trustee	<u>ا</u>	Key employee	st co	, p				organizations
	O)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former				
(18) Erin Lennon											
Board Member	3.00	X					ļ	0.	(	0.	0.
(19) Jef St. De Lore											•
Board Member	3.00	X						0.	(	).	0.
(20) George Nunes											
Board Member	3.00	X			L.			0.	(	0.	0.
(21) Elias Rojas								_			_
Board Member	3.00	X						0.	(	9 •	0.
(22) Steven Wakefield											
Board Member	3.00	Х						0.	(	).	0.
(23) Tara Smith											
Board Member	3.00	X						0.	(	) .	0.
(24) Audrey Haberman-Thru 05/11											
Executive Director	40.00			X				44,476.	(	) .	1,673.
(25) Paul Marschel											
Interim Executive Director	40.00			X				64,299.	(	) .	3,425.
(26) Kris Hermanns											
Executive Director	40.00			X				0.		) .	1,469. 6,567.
1b Sub-total								108,775.		).	6 <b>,</b> 567.
c Total from continuation sheets to Part VI	I, Section A							77,140.		).	9,585.
d Total (add lines 1b and 1c)								185,915.	(	).	16,152.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d al	oove	e) wh	o re	eceived more than \$100	,000 of reportable		
compensation from the organization									·		0
										ES	Yes No
3 Did the organization list any former officer,				-	•	_		•	• •		
line 1a? If "Yes," complete Schedule J for st	uch individual					•					3 X
4 For any individual listed on line 1a, is the su			-					•	-		
and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	te S	Sche	dule	J f	or such individual			4   X
5 Did any person listed on line 1a receive or a	•				_						
rendered to the organization? If "Yes," com	olete Schedule	Jf	or su	ich j	oers	on .					5 X
Section B. Independent Contractors											
Complete this table for your five highest con     the example of the formula of the example of the formula of the example									· · · · · · · · · · · · · · · · · · ·	ensa	tion from
the organization. Report compensation for t	ne calendar ye	eare	HUII	ių v	/iun c	ואי זכ	um		ear.		(0)
<b>(A)</b> Name and business	address	NC	NE	!			- 1	<b>(B)</b> Description of s	ervices	Co	(C) mpensation
				-			_				
							$\top$				
							_ -				
							$\dashv$				
2 Total number of independent contractors (in		ot lin	nitec	l to	_		ted	above) who received m	ore than		
\$100,000 of compensation from the organiz				1 .	0		<b>.</b> .	~~±~			
See Part VII, Section	i A CONT	$.\pm \Pi$	ıua	$\tau 1$	.On	ιS	116	eets		F	orm 990 (2011)

The Pride Foundation

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	· · · · · · · · · · · · · · · · · · ·
<b>(A)</b> Name and title	<b>(B)</b> Average			)) Pos	C) itior	1		( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	all	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) Jimbo Worm	40.00			.,				77 140	0	0 505
Director of Finance & Oper	40.00			X				77,140.	0.	9,585.
	· · · · · · · · · · · · · · · · · · ·									
Total to Part VII, Section A, line 1c						l		77,140.		9,585.

1							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code   Business Cod	nts	1 a	a Federated campaigns		1a	74,282.				
2 a   Business Code   Busine	Gra	k	b Membership dues	ſ			]			
2 a   Business Code   Busine	ts,						-			
2 a   Business Code   Busine	ijaj.			ı			-			
Business Code   Business Cod	Sin		· ·		1e		-			
Business Code   Business Cod	her	1			15	1283236.				
Business Code   Business Cod	ĘĘ.	,			11		1			
2 a   Business Code   Busine	age		=				1357518.			
Box		***************************************	White the second		-					
g Total. Add lines 2a21  3 Investment Income (including dividends, interest, and other similar amounts)  4 Income from Investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (oss)  d Net rental income or (oss)  7 a Gross amount from sales of inventory  assets other than inventory  5 a Gross cont or other basis  and sales expenses  3, 765, 052,  c Gain or (oss)  5 7, 573.  4 Net gain or (oss)  5 27, 573.  5 3 a Gross income from fundralising events (not including \$ of contributions reported on line 1o). See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  b Less: clirect expenses  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from sales of inventory. See See See See See See See See See Se	eg	2 a	a							
g Total. Add lines 2a21  3 Investment Income (including dividends, interest, and other similar amounts)  4 Income from Investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (oss)  d Net rental income or (oss)  7 a Gross amount from sales of inventory  assets other than inventory  5 a Gross cont or other basis  and sales expenses  3, 765, 052,  c Gain or (oss)  5 7, 573.  4 Net gain or (oss)  5 27, 573.  5 3 a Gross income from fundralising events (not including \$ of contributions reported on line 1o). See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  b Less: clirect expenses  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from sales of inventory. See See See See See See See See See Se	ervi	k								
g Total. Add lines 2a21  3 Investment Income (including dividends, interest, and other similar amounts)  4 Income from Investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (oss)  d Net rental income or (oss)  7 a Gross amount from sales of inventory  assets other than inventory  5 a Gross cont or other basis  and sales expenses  3, 765, 052,  c Gain or (oss)  5 7, 573.  4 Net gain or (oss)  5 27, 573.  5 3 a Gross income from fundralising events (not including \$ of contributions reported on line 1o). See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  b Less: clirect expenses  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from sales of inventory. See See See See See See See See See Se	n Se	c								
g Total. Add lines 2a21  3 Investment Income (including dividends, interest, and other similar amounts)  4 Income from Investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (oss)  d Net rental income or (oss)  7 a Gross amount from sales of inventory  assets other than inventory  5 a Gross cont or other basis  and sales expenses  3, 765, 052,  c Gain or (oss)  5 7, 573.  4 Net gain or (oss)  5 27, 573.  5 3 a Gross income from fundralising events (not including \$ of contributions reported on line 1o). See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  b Less: clirect expenses  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from sales of inventory. See See See See See See See See See Se	Rev	c								
g Total. Add lines 2a21  3 Investment Income (including dividends, interest, and other similar amounts)  4 Income from Investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (oss)  d Net rental income or (oss)  7 a Gross amount from sales of inventory  assets other than inventory  5 a Gross cont or other basis  and sales expenses  3, 765, 052,  c Gain or (oss)  5 7, 573.  4 Net gain or (oss)  5 27, 573.  5 3 a Gross income from fundralising events (not including \$ of contributions reported on line 1o). See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  b Less: clirect expenses  b Less: clirect expenses  b Less: clirect expenses  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from gaming activities. See  Part IV, line 19  c Net Income or (loss) from sales of inventory. See See See See See See See See See Se	Š.									
3   Investment income (including dividends, interest, and other similar amounts)   529,549   529,549     4   Income from investment of tax-exempt bond proceeds   5   Royalties						American American Constitution of the Constitu				
Section   Sect	***********									
1	ĺ	Ū	, ,		-		529,549.			529,549.
The image		4	·							
6 a Gross rents   b Less: rental expenses		5		-						,
b Less: rental expenses c Rental Income or (loss) di Net rental income or (loss)				(i) R	eal	(ii) Personal				
The second of t		6 a	Gross rents							
Table   Tabl		b	Less: rental expenses							
Table   Tabl						<u> </u>				
assets other than inventory b Less: cost or other basis and sales expenses										
December		7 a				<del></del>				
and sales expenses			•	3,823	,625.	•	-			1 1 1 1 2 2 4 4 4 1
d Net gain or (loss)		D		3 766	. 052					
d Net gain or (loss)		_	Gain or (loss)	57.5	573.	•				
8 a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses	-						57,573.			57,573.
including \$							,			
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Bequest Administration b Miscellaneous  900099  57.  c d All other revenue e Total. Add lines 11a-11d  313,930.  12 Total revenue. See instructions.	ğ									
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Bequest Administration b Miscellaneous  900099  57.  c d All other revenue e Total. Add lines 11a-11d  313,930.  12 Total revenue. See instructions.	ě									
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Bequest Administration b Miscellaneous  900099  57.  c d All other revenue e Total. Add lines 11a-11d  313,930.  12 Total revenue. See instructions.	<u>2</u>		Part IV, line 18		а					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Bequest Administration b Miscellaneous  900099  57.  c d All other revenue e Total. Add lines 11a-11d  313,930.  12 Total revenue. See instructions.	ŧ									
Part IV, line 19						<b>&gt;</b>				
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code   11 a Bequest Administration   525920   313,873   313,873   313,875   5   5   5   5   5   5   5   5   5		9 a								
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Bequest Administration 525920 313,873 313,873 313,873 b Miscellaneous 900099 57. 55 c d All other revenue e Total. Add lines 11a-11d										
10 a Gross sales of inventory, less returns and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and allowances are better than a because of inventory and a because of in										
and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code  11 a Bequest Administration 525920 313,873. 313,87  b Miscellaneous 900099 57. 5  c d All other revenue			, , ,	-	lies					
b Less: cost of goods sold b		IV a	-		а					
c Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11 a Bequest Administration         525920         313,873.         313,87           b Miscellaneous         900099         57.         5           c         4 All other revenue         313,930.         313,930.           12 Total revenue. See instructions.         2258570.         0.         0.901,05		b								
Miscellaneous Revenue         Business Code           11 a Bequest Administration         525920         313,873.         313,87           b Miscellaneous         900099         57.         5           c         d All other revenue         313,930.         313,930.           12 Total revenue. See instructions.         ≥ 2258570.         0.         0.901,05										
11 a Bequest Administration       525920       313,873.       313,87         b Miscellaneous       900099       57.       5         c d All other revenue       313,930.       313,930.         12 Total revenue. See instructions.       2258570.       0.       0.901,05	Ī					Business Code				
b Miscellaneous 900099 57. 5  c d All other revenue			Bequest Adminis		lon	525920	313,873.		o con contra de la contra del la contra de  la contra de la contra de la contra de la contra de la contra del la contra de  la contra de la contra del la contra de la contra de la contra del la	313,873.
d All other revenue						900099	57.			57.
e Total. Add lines 11a-11d		С								
12 Total revenue. See instructions.   2258570.  0.  901,05		d					010 000			<b></b>
										001 050
	13200		Total revenue. See instructions.				22585/0.	υ.	υ.	Form <b>990</b> (2011)

### 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 respon	(A)	IS Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and	711 240	711 240		
_	organizations in the United States. See Part IV, line 21	711,340.	711,340.		
2	Grants and other assistance to individuals in	260 024	260 024		
_	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 5	Benefits paid to or for members				
5	trustees, and key employees	216,307.	109,492.	72,826.	33,989
6	Compensation not included above, to disqualified	210/3076	100/102.	12/020.	337303
U	persons (as defined under section 4958(f)(1)) and				
	1 . 1 . 1				
7	Other salaries and wages	716,339.	567,240.	28,350.	120,749
8	Pension plan accruals and contributions (include	,	20,72100	20,000.	220,.10
•	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				
b	Legal	3,663.	781.	245.	2,637
c	Accounting	18,577.	14,526.	1,704.	2,347
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	146,534.		146,534.	
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	****			
15	Royalties				
16	Occupancy	142,551.	110,644.	12,983.	18,924
17	Travel	72,616.	65 <b>,</b> 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 <b>,</b> 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 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	04.016	CE 077	10.075	14 075
	Events and Catering	94,816.	65,976.	13,975.	14,865
b	Bad Debt Expense	39,762.	0 041	100	39,762
c	Dues, Fees and Licenses	9,215.	8,841.	103.	271
d	In-Kind Expense	1,060. 800.	1,060.		
	All other expenses		800.	241 000	272 024
25	Total functional expenses. Add lines 1 through 24e	3,083,519.	2,368,676.	341,809.	373,034
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)			- The state of the	E 000 (00d d

Form 990 (2011)

PF 1

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		Dalance Offeet			(A)		/P/
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			1,532.	1	174,102.
	2	Savings and temporary cash investments			933,413.	2	113,404.
	3	Pledges and grants receivable, net			245,367.	3	205,759.
	4	Accounts receivable, net			48,150.	4	-
	5	Receivables from current and former officers, d			-		
		employees, and highest compensated employe		· · · · · · · · · · · · · · · · · · ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges			43,150.	9	29,512.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	197,328.			
	b	Less: accumulated depreciation			131,928.	10c	109,390.
	11	Investments - publicly traded securities			23,616,273.	11	24,762,845.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			34,147,526.	15	28,665,523.
•	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	59 <b>,</b> 167 <b>,</b> 339.	16	54,060,535.
	17	Accounts payable and accrued expenses			44 <b>,</b> 785.	17	65,555.
	18	Grants payable		100,465.	18	84,663.	
	19	Deferred revenue		•••••	5,000.	19	2,500.
	20	Tax-exempt bond liabilities			00 010 000	20	0.5.10.5.05.1
es	21	Escrow or custodial account liability. Complete			32,948,668.	21	27,497,951.
Liabilities	22	Payables to current and former officers, directo		The state of the s			
<u>.g</u>		highest compensated employees, and disqualif	ied pers	sons. Complete Part II			
send		of Schedule L			0.000	22	
	23	Secured mortgages and notes payable to unrel		•	8,000.	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	•			
		Schedule D			33,106,918.	25	27,650,669.
	26	Total liabilities. Add lines 17 through 25			33,100,910.	26	27,030,003.
<b>(0</b>		Organizations that follow SFAS 117, check helines 27 through 29, and lines 33 and 34.	ere 📂	and complete			
ĕ	27	Unrestricted net assets			338,629.	27	254,718.
<u>a</u>	28	Temporarily restricted net assets			1,550,690.	28	1,923,640.
Ä	29				24,171,102.	29	24,231,508.
Ĕ		Organizations that do not follow SFAS 117, c					
F.		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
¥,	32	Retained earnings, endowment, accumulated in				32	
ž	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.
							Form <b>990</b> (2011)

Form **990** (2011)

14110801 759355 PF

X Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133?

Form 990 (2011)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

		The Pri	de Foundatio	on					91	-1325	007	
Part I	Reason	for Public Char	<b>ity Status</b> (All organi:	zations mu	ıst comple	te this par	t.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	i).				
2	A school des	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	chedule E.)	)							
3	A hospital or	a cooperative hosp	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	ne,
	city, and stat	te:										
5	=	ion operated for the (b)(1)(A)(iv). (Comple	benefit of a college or u ete Part II.)	niversity o	wned or o	perated by	/ a govern	mental uni	t describe	d in		
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in <b>sectic</b>	on 170(b)(	1)(A)(v).					
7 <u>X</u>	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	ribed i	in
	section 170	( <b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, an	d gross red	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain excepti	ions, and (	2) no more	e than 33 ·	1/3% of its	support f	rom gross	invest	ment
	income and u	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınization a	fter June 3	0, 197	<b>'</b> 5.
		509(a)(2). (Complete										
10	An organizati	ion organized and or	perated exclusively to te	st for publ	ic safety.	See <b>sectio</b>	on 509(a)(4	4).				
11	An organizati	ion organized and or	perated exclusively for the	ne benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the p	ourposes o	of one	or
	-		ations described in secti		-							
		• • •	organization and compl		•		•	•				
	a Type		—	с 🔲 Тур			tegrated		d 🔲	Type III - C	Other	
е 🔲			it the organization is not			· ·	=	r more dis				n
	-	=	han one or more publicl		-	-	•					
f			ten determination from						- (-)(-)		(-/,-/-	
-			nis box									
g			organization accepted ar									
9			irectly controls, either al								Yes	No
			upported organization?							. 11g(i)		
	_	- •	n described in (i) above?									
		•	person described in (i)									
h			about the supported or							. [119(11)	i	L
h	Provide trie i	ollowing information	about the supported on	ganization	(8).							
			(iii) Type of	(in) in the s		(-A Did		(vi) Is	the			_
• •	of supported	(ii) EIN	organization		sted in your	(v) Did you	ion in col.	organization	on in col.	(vii) Am		f
orga	nization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	supj	on	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(300 111311 46110113))	168	140	165	140	162	INO			
							1					
									_			
				l				1				
		processors and a construction of the construct		ann an ann an Colombia (bhíolaí a	<b>s</b> ocotrascofii/dididididi	ørendere er fillet fillet fil	<b>e</b> uciesario di Gili (1901)	<b>3</b> 000000000000000000000000000000000000	\$66666666666666			

Schedule A (Form 990 or 990-EZ) 2011

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

# Schedule A (Form 990 or 990-EZ) 2011 The Pride Foundation 91-13250 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants.")	1,700,301.	1,965,727.	2,470,459.	1,294,189.	1,357,518.	8,788,194.
2	Tax revenues levied for the organ-						, ,
	ization'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	1,700,301.	1,965,727.	2,470,459.	1,294,189.	1,357,518.	8,788,194.
	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)						1,610,485.
6	Public support. Subtract line 5 from line 4.						7,177,709.
	ction B. Total Support	<u> </u>				<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,700,301.	1,965,727.	2,470,459.	1,294,189.	1,357,518.	8,788,194.
8	Gross income from interest,						
	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. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	122,634.	448,606.	425,750.	369,489.	313,930.	1,680,409.
11	Total support. Add lines 7 through 10						13,105,610.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,800.
	First five years. If the Form 990 is for						
	organization, check this box and stor	here			·····		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	54.77 %
15	Public support percentage from 2010	Schedule A, Part	ll, line 14			15	59.37 %
16a	33 1/3% support test - 2011. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	<b>t - 2011.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	e <b>re.</b> Explain in Par	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a ¡	oublicly supported	organization		▶ 🔲
b	10% -facts-and-circumstances test	<b>t - 2010.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶ 🗌
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u></u> ▶
					Sche	dule A (Form 990	or 990-EZ) 2011

132022 01-24-12

### 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.)

Se	ction A. Public Support					-10 -1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					The state of the s	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						<del></del>
	furnished by a governmental unit to						
	the organization without charge	ļ	ļ				
6	Total. Add lines 1 through 5		**************************************				
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
_	Add lines 7a and 7b				WAS DOWN TO THE REAL PROPERTY OF THE PROPERTY		
	Public support (Subtract line 7c from line 6.)						
	etion B. Total Support						***************************************
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(a) 2007	(b) 2000	(0) 2009	(4) 2010	(e) 2011	(i) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
L.	and income from similar sources						
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
, ,	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on				=		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	***************************************	APP 2002-00-00-00-00-00-00-00-00-00-00-00-00				
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here					***************************************	<b>D</b>
	tion C. Computation of Publ					<del></del>	
	Public support percentage for 2011 (I					15	<u>%</u>
	Public support percentage from 2010					16	%
	tion D. Computation of Inves				· · · · · · · · · · · · · · · · · ·		
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box as		•				
b	33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization .	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions	<b>&gt;</b>
							000 57 0044

132023 01-24-12

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

Tì	ne Pride Foundation	91-1325007				
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one				
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
out it <b>must</b> answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

The	Pride	Foun	dation
		I Ouli	uu cii

91-1325007

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.			
No		\$ 45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$\$ <u>30,225.</u>	Person X Payroll
2	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-23-12		\$ 112,140.	Person X Payroll Noncash

Name of organization

Employer identification number

The Pride Foundation	The	Pride	Found	datio
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91-1325007

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 29,626.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$57,075.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

# The Pride Foundation

91-1325007

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Various Stocks		
9			
		\$ 57,075.	05/04/11
(a) No.	(b)	(c)	(d)
from	رد) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(See instructions)	
		\$	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a)		4.5	
No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
<del></del>			
		\$	
(a)			
No.	<b>(b)</b>	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
		\$	
(c)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		<sub>\$</sub>	
			·

Name of orga	nization		Employer identification number		
The Pr	ide Foundation		91-1325007		
Part III		he following line entry. For organization. c., contributions of <b>\$1,000 or less</b> for	(7), (8), or (10) organizations that total more than \$1,000 for the		
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held		
Part I					
-		(e) Transfer of gif			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gif	t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
	Transferee's name, address, ar		Relationship of transferor to transferee		
-					
23454 01-23-12			Schedule R (Form 990, 990-F7, or 990-PF) (2011)		

21

#### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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), then

- 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.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes" to  Section 501(c)(4), (5), or (6) organization	Form 990, Part IV, line 5 (Prox		• "	•
Name of organization The Pri	de Foundation	January 1904/a		oloyer identification number 91–1325007
Part I-A Complete if the org  Provide a description of the organiz Political expenditures Volunteer hours		cal campaign activities	s in Part IV.	
Part I-B Complete if the org  1 Enter the amount of any excise tax  2 Enter the amount of any excise tax  3 If the organization incurred a sectio  4a Was a correction made?  b If "Yes," describe in Part IV.	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 gers under section 495 ) for this year?	55	\$ Yes No
Part I-C Complete if the org  1 Enter the amount directly expended  2 Enter the amount of the filing organiexempt function activities  3 Total exempt function expenditures line 17b  4 Did the filing organization file Form  5 Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a	by the filing organization for se zation's funds contributed to organization.  Add lines 1 and 2. Enter here a second sec	ection 527 exempt fun ther organizations for and on Form 1120-PO IN) of all section 527 p id from the filing organ a separate political or	ction activities section 527  L, collitical organizations to whinization's funds. Also enter toganization, such as a separ	SNo Ch the filing organization he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
For Paperwork Reduction Act Notice. s		000 07 000 57		G (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011

20,708.

f Grassroots lobbying expenditures

20,708.

# Schedule C (Form 990 or 990-EZ) 2011 The Pride Foundation 91-132500 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a) 	(b)	
of th	ne lobbying activity.	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:				
a					
ŀ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
•					
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
4					
1					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
r	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities?				
J	Total. Add lines 1c through 1i				
2a					
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		/m\		
Pa	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pa	<u>t III-B</u> Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	l "No" OR	l (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b					
С	Total		( )		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				,
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
PROPERTY OF SHAPE	TIV Supplemental Information	***************************************	1 3		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A; and	Part II-B, lir	ie 1. Also,	complete
his	part for any additional information.				
			**		
					- 4
		Schodul	a C /Form	990 or 990	)-EZ) 2011
		Joneuli			,

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

The Pride Foundation

Employer identification number

	The Pride Foundation	on	91-1325007
Pa	1 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	-	(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 advisors in w	writing that the assets held in donor advised	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose cor	
and the second	impermissible private benefit?		
Pai	ill Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	——————————————————————————————————————	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		_
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	lon's financial statements that describes the	organization's accounting for
D-4	conservation easements. IIII Organizations Maintaining Collections of	Art Historical Transumas or Otho	v Similar Accets
r qı	Complete if the organization answered "Yes" to Form 9	•	i Sillilai Assets.
			hand balance about mode of out
14	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi the text of the footnote to its financial statements that describ		of public service, provide, in Part Aiv,
			d balance about wayle of art bistorical
D.	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, editing to these items.	nucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		<b>№</b> ↑
	(i) Revenues included in Form 990, Part VIII, line 1		Þ
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	-	iii, provide
_	the following amounts required to be reported under SFAS 11		<b>*</b> ¢
a	Revenues included in Form 990, Part VIII, line 1		
α	Assets included in Form 990, Part X		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

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Sched	ule D	(Form	990	201	1

(d) Book value

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Cost or other

basis (investment)

Description of property

1a Land
b Buildings
c Leasehold improvements

d Equipment

(b) Cost or other

basis (other)

197,328.

(c) Accumulated

depreciation

87,938

27

PF 1

132053 01-23-12

Schedule D (Form	990) 2011 The plemental Information	Pri	ae Fo	unda <sup>1</sup>	tion		91-1325007	Page 5
Part XIV Sup	<u>plemental Information</u>	1 (contir	nued)					
quarterly	distributions	ner	vear	for	general	operations.		
quar corry	dib ci ib d ci ciib	POL	year	101	generar	орегистопь.		
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public OMB No. 1545-0047 Inspection

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

**&** Employer identification number 91-1325007 Support LGBT community (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Amount of or government or government assistance and address of organization (book, if applicable cash grant assistance or government as government assistance or government as 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection °. o, 。 。 0 o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,500 9,550, 15,150 6,500 5,550 9,498 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 93-1266613 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 93-1156358 501(c)(3) Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? The Pride Foundation 93-0770054 81-0472423 91-1393082 81-0307201 Part 1 General Information on Grants and Assistance Basic Rights Oregon Education Fund Northwest Immigrant Rights Project 1 (a) Name and address of organization Cascadia Behavioral Healthcare Planned Parenthood of Montana Hispanic Chamber of Commerce Montana Human Rights Network 2525 4th Ave N Suite 201 Helena , MT 59624-1509 615 2nd Ave Suite 400 3024 NE MIK Jr. Blvd Name of the organization Portland, OR 97212 Billings, MT 59101 Portland, OR 97240 Portland, OR 97207 Seattle, WA 98104 PO Box 40625 PO Box 1509 PO Box 1837 Ted Ted Q

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

(a) Name and address of organization or government	<b>(b)</b> EIN	(d) Amount of if applicable cash grant assistance (book, FMV, appraisal, other)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
King County Sexual Assualt Resource Center - PO Box 300 - Renton, WA 98057	91-0967255	501(c)(3)	10,400.	0		VI	Support LGBT community
Plymouth Healing Communities 1217 6Th Ave Seattle, WA 98101	91-2031385	501(c)(3)	.000,01	o		V.	Support LGBT community
Camp Ten Trees 1122 E Pike St, Pmb 1488 Seattle, WA 98122	01-0923793	501(c)(3)	5,500.	0	,	U,	Support LGBT community
River of Life Metropolitan 2625 W. Bruneau Pl, Unit C Kennewick, WA 99336	26-0357718	501(c)(3)	6,350.	0		y,	Support LGBT community
Children's Home Society of Washington - Po Box 605 - Vancouver, WA 98666	91-0575955	501(c)(3)	6,400.	0		ij.	Support LGBT community
Rural Organizing Project PO Box 1350 Scappoose, OR 97056-1350	93-1159856	501(c)(3)	5,500.	0		V.	Support LGBT community
Shunpike 3518 Fremont Ave N Box 118 Seattle, WA 98103	91-2138554	501(c)(3)	12,300.	0		V.	Support LGBT community
The Northwest School 1415 Summit Ave Seattle, WA 98122	91-1061146	501(c)(3)	6,000,	o		V.	Support LGBT community
Entre Hermanos Po Box 12187 Seattle, WA 98102	31-1775429	501(c)(3)	18,872.	0			Support LGBT community
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Suicide Prevention Program 444 NE Ravenna Blvd #401 Seattle, WA 98115	91-2088624	501(c)(3)	6,150.	.0			Support LGBT community
Umatilla Morrow Alternatives 601 E. Sunset Dr. Hermiston, OR 97838	26-1238793	501(c)(3)	10,000.	0			Support LGBT community
Gay City Health Project 511 E Pike St Seattle, WA 98122	91-1685822	501(c)(3)	11,500.	0	7.7.7	V.	Support LGBT community
Equal Rights Washington Education Fund - 1402 3rd Ave., Suite 201 - Seattle, WA 98101	20-1205882	501(c)(3)	8,000.	.0			Support LGBT community
Global Partnerships 1932 1st Ave., Suite 400 Seattle, WA 98101	82-0574491	501(c)(3)	.000,	0			Support LGBT community
Fred Hutchinson Cancer Research Center Poundation - PO Box 19024 - Seattle, WA 98109-1024	23-7156071	501(c)(3)	20,000.	0.		y.	Support LGBT community
One America 1225 S Weller Suite 430 Seattle, WA 98144-1906	20-0384893	501(c)(3)	.056,2	0		V	Support LGBT community
One Anchorage PO Box 90921 Helena, MT 59624-1509	45-3056414	501(c)(4)	15,000.	0	-		Support LGBT community
Kitsap County HIV/AIDS Foundation Po Box 2169 Silverdale, WA 98383	94-3133107	501(c)(3)	.005,5	0.		v.	Support LGBT community Schedule   (Form 990)
							Schedule I (Form Say)

Page 1

(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lambda Legal Defense & Education Fund - 120 Wall St #1500 - New York, NY 10005-3904	23-7395681	501(c)(3)	23,750.	.0			Support LGBT community
Legal Voice 907 Pine St #500 Seattle, WA 98101	91-1047900	501(c)(3)	8,400.	0		ŭ.	Support LGBT community
Washington United for Marriage Po Box 21022 Seattle, WA 98111	45-3690331	501(c)(4)	.12,000.	0		v	Support LGBT community
Pierce County AIDS Foundation 3520 S Pine St Tacoma, WA 98409	91-1385245	501(c)(3)	7,000.	0			Support LGBT community
Rainbow Center 741 St Helens Ave Tacoma, WA 98402	91-1859897	501(c)(3)	5,500.	• 0		V	Support LGBT community
Seattle Children's Theatre 201 Thomas St. Seattle, WA 98109	51-0172421	501(c)(3)	11,000.	•0		v.	Support LGBT community
Stonewall Youth PO Box 7383 Olympia, WA 98507-7383	94-3202727	501(c)(3)	7,000.	.0		y.	Support LGBT community
Three Dollar Bill Cinema 1122 E Pike St, #1313 Seattle, WA 98122-3934	91-1708195	501(c)(3)	10,250.	• 0		v.	Support LGBT community
University Congregational United Church - 4515 16th Ave NE - Seattle, WA 98105-4201	91-0573111	501(c)(3)	8,000.	.0			Support LGBT community

Schedule I (Form 990)

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Page 1

The Pride Foundation	sistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
The Pride F	nd Other Ass
The	of Grants a
Schedule I (Form 990)	Part II Continuation

81-0537207 501(c)(3) 10,850. 0. Support bdsP community

Schedule | (Form 990) (2011) The Pride Foundation

T.O.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

91-1325007

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance °. 360,834. (c) Amount of cash grant (b) Number of recipients 100 Scholarships for post-seconday education. (a) Type of grant or assistance Dart IV

a specific 2: Grants are typically awarded for Line Part H Schedule

in the grant application and award letter. outlined as project

Schedule I (Form 990) (2011) 35 132102 01-27-12

# SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2011
Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 3

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

The Pride Foundation 91-1325007 Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art ..... 1 Art - Historical treasures 2 Art · Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods 6 Cars and other vehicles ..... 7 Boats and planes ..... Intellectual property ..... 8 X 130,767. Stock Market Price 9 Securities - Publicly traded 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles ..... Х 282. Retail Cost 19 Food inventory 20 Drugs and medical supplies ..... Taxidermy ..... 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 (Supplies Х 5 524. Retail Cost 25 Other X 254. Retail Cost Travel 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes." describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

## SCHEDULE O

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The Pride Foundation

Employer identification number 91-1325007

Form 990, Part III, Line 4c, Program Service Accomplishments:
financial and emotional impact on their lives.
Form 990, Part III, Line 4d, Other Program Services:
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.
Expenses \$ 25,130. including grants of \$ 0. Revenue \$ 24,600.
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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
M	achiner	у & E	quipm	ent				
1 F	urnitur Waries	e & E	quipm 5.00	ent	197,328.		56,186.	31,752
*	990 Pa	<u>рь</u> .ge 10	Tota	l M	197,320. achinery & Eq 197,328.	uipment		
*	Grand	Total	990	Pag	e 10 Depr		A	31,752
					197,328.	0.	56,186.	31,752
P								
-								
Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Pro								
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Section 2012								
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