

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3794
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">THE PRIDE FOUNDATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">2014 EAST MADISON STREET 300</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">SEATTLE, WA 98122</div> F Name and address of principal officer: KATHRYN CARTER SAME AS C ABOVE	D Employer identification number <div style="border: 1px solid black; padding: 2px;">91-1325007</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">206-323-3318</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">8,793,896.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.PRIDEFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1985 M State of legal domicile: WA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ADVANCE EQUITY AND JUSTICE FOR LGBTQ+ PEOPLE IN ALL COMMUNITIES ACROSS THE NORTHWEST.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	78
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	6,599,897.	4,673,605.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,466,002.	2,362,374.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,087.	-49,730.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,096,986.	6,986,249.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,859,539.	3,663,294.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,599,626.	1,826,018.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	493,947.	870,319.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	870,319.	1,315,500.
19	Revenue less expenses. Subtract line 18 from line 12	4,329,484.	6,804,812.
20	Total assets (Part X, line 16)	4,767,502.	181,437.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	49,020,896.	51,971,227.
		475,785.	576,746.
		48,545,111.	51,394,481.

Part II Signature Block

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

Sign Here	Signature of officer JASON FUSSELL, TREASURER	Date 10/4/2024	
Paid Preparer Use Only	Print/Type preparer's name ZOE JOENS, CPA	Preparer's signature ZOE JOENS, CPA	Date 09/30/24
	Firm's name JACOBSON JARVIS & CO, PLLC	Firm's EIN 91-2011386	Check if self-employed <input type="checkbox"/> PTIN P02389255
	Firm's address 200 1ST AVE W, SUITE 200 SEATTLE, WA 98119	Phone no. 206-628-8990	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

PRIDE FOUNDATION CONNECTS, INSPIRES AND STRENGTHENS THE PACIFIC NORTHWEST LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) COMMUNITY IN PURSUIT OF EQUALITY. THEY ACCOMPLISH THIS IN RURAL AND URBAN AREAS BY AWARDING GRANTS AND SCHOLARSHIPS AND CULTIVATING LEADERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,159,037. including grants of \$ 2,949,717.) (Revenue \$)
 GRANTING PROGRAM: AWARDED CASH GRANTS TO 349 NON-PROFIT ORGANIZATIONS. PRIDE FOUNDATION FUNDS ORGANIZATIONS, SMALL AND LARGE, AS THEY STRENGTHEN AND SERVE THE LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMUNITY. OFTEN, WE HEAR THAT OUR GRANT IS THE FIRST AN ORGANIZATION HAS EVER RECEIVED. OTHER TIMES WE ARE FUNDING MORE ESTABLISHED ORGANIZATIONS, WHICH ARE STARTING TO SERVE THE LGBTQ+ COMMUNITY. EITHER WAY, WE ARE HONORED TO PUT OUR COMMUNITY'S RESOURCES TO WORK SUPPORTING ORGANIZATIONS WE KNOW ARE MAKING A DIFFERENCE FOR LGBTQ+ EQUALITY.

4b (Code:) (Expenses \$ 1,669,024. including grants of \$) (Revenue \$)
 COMMUNITY ADVOCACY, RESEARCH & EDUCATION: PROVIDED TRAINING AND TECHNICAL ASSISTANCE ON FUNDRAISING, GRANTMAKING, LEADERSHIP DEVELOPMENT, ETC. TO 100 NON-PROFITS AND 500 INDIVIDUALS IN ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON. HELPS TO CREATE A NORTHWEST REGION THAT IS INHOSPITABLE TO HOMOPHOBIA, TRANSPHOBIA, RACISM, MISOGYNY, AND ALL OTHER FORMS OF HARM DIRECTED AT LGBTQ+ COMMUNITIES SO THAT WE CAN FIND SAFETY AND BELONGING IN OUR HOME COMMUNITIES. CARE'S GOALS ARE TO ENGAGE IN EVERYDAY COMMUNITY ADVOCACY BEYOND TRADITIONAL PHILANTHROPY; INCREASING CAPACITY FOR CRITICAL COMMUNITY RESEARCH BY AND FOR LGBTQ+, ESPECIALLY BIPOC TRANS+, NORTHWESTERNERS, AND NOURISH REGIONAL COMMUNITY EDUCATION THAT HONORS THE HISTORICAL AND SUSTAINS THE FUTURE GENDER-DIVERSITY OF THE NORTHWEST AND BEYOND.

4c (Code:) (Expenses \$ 900,518. including grants of \$ 713,577.) (Revenue \$)
 SCHOLARSHIP PROGRAM: AWARDED SCHOLARSHIPS TO 112 STUDENTS FOR POST-SECONDARY EDUCATION, WITH FUNDS PAID DIRECTLY TO THE INSTITUTION OF LEARNING. PRIDE FOUNDATION SCHOLARSHIPS SUPPORT EDUCATION AND LEADERSHIP DEVELOPMENT TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND STRAIGHT-ALLY STUDENTS OF ANY AGE OR SEXUAL ORIENTATION FROM ALASKA, IDAHO, MONTANA, OREGON, AND WASHINGTON WHO ARE PURSUING ANY POST-SECONDARY EDUCATION (INCLUDING COMMUNITY COLLEGE, PUBLIC OR PRIVATE COLLEGES & UNIVERSITIES, TRADE APPRENTICESHIPS, OR CERTIFICATE PROGRAMS)! LGBTQ STUDENTS OFTEN DO NOT HAVE ACCESS TO TRADITIONAL MEANS OF SUPPORT FROM FAMILIES MAKING IT MORE COMPELLING FOR ORGANIZATIONS LIKE OURS TO EXIST TO SUPPORT THE EDUCATIONAL ENDEAVORS OF THESE STUDENTS. OUR SCHOLARSHIPS HAVE THE POWER TO MAKE A HUGE FINANCIAL AND

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,728,579.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 44	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
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 amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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 17 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11b		
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 conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WA, OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JIMBO WORM - 206-323-3318
2014 EAST MADISON STREET, 300, SEATTLE, WA 98122

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHRYN CARTER CEO	32.00			X				209,351.	0.	20,102.
(2) JIMBO WORM DIRECTOR OF FINANCE AND OPS	32.00			X				167,900.	0.	18,030.
(3) OMNI ROMERO DIRECTOR OF ADVOCACY	32.00				X			118,482.	0.	15,362.
(4) HELEN SILLMAN DIRECTOR OF COMMUNITY ENGAGEMENT	32.00				X			117,143.	0.	12,836.
(5) IRA WADE HARRIS DIRECTOR OF PROGRAMS	32.00				X			114,386.	0.	10,110.
(6) CAROL CHENEY CO-PRESIDENT	7.00	X		X				0.	0.	0.
(7) JASON BERGEVIN CO-PRESIDENT	7.00	X		X				0.	0.	0.
(8) BRANDY PIRTLE-GUINEY VICE PRESIDENT	7.00	X		X				0.	0.	0.
(9) JASON FUSSELL TREASURER	7.00	X		X				0.	0.	0.
(10) LOKI GALE TOBIN SECRETARY	7.00	X		X				0.	0.	0.
(11) MITCHELL CHEN DIRECTOR	3.00	X						0.	0.	0.
(12) CHRISTOPHER COBURN DIRECTOR	5.00	X						0.	0.	0.
(13) NATHAN C HARRIS DIRECTOR (4/1/23 - 12/31/23)	3.00	X						0.	0.	0.
(14) JOSEF KREBS DIRECTOR	3.00	X						0.	0.	0.
(15) JOEY LOPEZ DIRECTOR	3.00	X						0.	0.	0.
(16) MELANIE LYONS DIRECTOR	3.00	X						0.	0.	0.
(17) LEE ANN MARTINSON DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSIE MATSUURA DIRECTOR	3.00	X						0.	0.	0.
(19) GREG MULLINS DIRECTOR	5.00	X						0.	0.	0.
(20) ANKITA PATEL DIRECTOR	3.00	X						0.	0.	0.
(21) AUD PLEASE DIRECTOR	3.00	X						0.	0.	0.
(22) JAMES STEELE DIRECTOR	3.00	X						0.	0.	0.
(23) LORA VOLKERT DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								727,262.	0.	76,440.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								727,262.	0.	76,440.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	23,546.				
	b	Membership dues	1b					
	c	Fundraising events	1c	264,146.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,385,913.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 673,829.				
	h	Total. Add lines 1a-1f		4,673,605.				
Program Service Revenue				Business Code				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		897,134.			897,134.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	1,696,121.				
	c	Gain or (loss)	7c	1,465,240.				
	d	Net gain or (loss)		1,465,240.			1465240.	
	8 a	Gross income from fundraising events (not including \$ 264,146. of contributions reported on line 1c). See Part IV, line 18	8a					
3,125.								
b	Less: direct expenses	8b	111,526.					
c	Net income or (loss) from fundraising events		-108,401.			-108,401.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11 a	BEQUEST ADMIN		525920	50,319.		50,319.	
	b	MISCELLANEOUS		900099	8,352.		8,352.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		58,671.				
12	Total revenue. See instructions			6,986,249.	0.	0.	2312644.	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,949,717.	2,949,717.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	713,577.	713,577.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	415,381.	193,766.	152,780.	68,835.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,139,019.	856,892.	105,991.	176,136.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,629.	22,505.	2,625.	3,499.
9 Other employee benefits	122,751.	91,816.	11,195.	19,740.
10 Payroll taxes	120,238.	82,848.	18,759.	18,631.
11 Fees for services (nonemployees):				
a Management				
b Legal	58,624.	250.		58,374.
c Accounting	30,588.	22,210.	4,114.	4,264.
d Lobbying	12,000.	12,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	192,490.	73,091.	119,399.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	467,895.	359,186.	48,768.	59,941.
12 Advertising and promotion	5,603.	2,421.	115.	3,067.
13 Office expenses	55,916.	22,630.	3,092.	30,194.
14 Information technology				
15 Royalties				
16 Occupancy	203,305.	144,900.	27,550.	30,855.
17 Travel	126,886.	80,215.	40,125.	6,546.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,866.	6,020.		846.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	980.	861.	3.	116.
23 Insurance	9,942.	4,326.	4,752.	864.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENTS AND CATERING	65,372.	39,387.	25,947.	38.
b SUPPLIES AND EQUIPMENT	51,905.	34,935.	8,670.	8,300.
c DUES, FEES AND LICENSES	13,656.	12,241.	389.	1,026.
d IN-KIND GOODS	3,720.	600.	2,840.	280.
e All other expenses	9,752.	2,185.	5,172.	2,395.
25 Total functional expenses. Add lines 1 through 24e	6,804,812.	5,728,579.	582,286.	493,947.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,067,898.	1	1,871,172.
	2 Savings and temporary cash investments	5,973,631.	2	7,409,061.
	3 Pledges and grants receivable, net	1,351,648.	3	679,632.
	4 Accounts receivable, net	1,092.	4	1,576.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	48,270.	7	44,783.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,170.	9	58,368.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,740.		
	b Less: accumulated depreciation	10b 74,717.	10c 343.	7,023.
	11 Investments - publicly traded securities	39,114,557.	11	40,504,873.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,411,287.	15	1,394,739.
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,020,896.	16	51,971,227.	
Liabilities	17 Accounts payable and accrued expenses	81,006.	17	162,953.
	18 Grants payable	100,683.	18	204,373.
	19 Deferred revenue		19	25,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	294,096.	25	184,420.
	26 Total liabilities. Add lines 17 through 25	475,785.	26	576,746.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,989,682.	27	6,553,008.
	28 Net assets with donor restrictions	42,555,429.	28	44,841,473.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	48,545,111.	32	51,394,481.
	33 Total liabilities and net assets/fund balances	49,020,896.	33	51,971,227.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,986,249.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,804,812.
3	Revenue less expenses. Subtract line 2 from line 1	3	181,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,545,111.
5	Net unrealized gains (losses) on investments	5	2,667,933.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	51,394,481.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2544774.	6662033.	3982886.	6599897.	4673605.	24463195.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2544774.	6662033.	3982886.	6599897.	4673605.	24463195.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3420358.
6 Public support. Subtract line 5 from line 4.						21042837.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2544774.	6662033.	3982886.	6599897.	4673605.	24463195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	770,487.	746,999.	740,975.	764,923.	897,134.	3920518.
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 VI.)	59,614.	58,119.	24,878.	31,087.	58,671.	232,369.
11 Total support. Add lines 7 through 10						28616082.

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.54 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	72.83 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

THE PRIDE FOUNDATION

Employer identification number

91-1325007

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
THE PRIDE FOUNDATION	91-1325007

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>156,966.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>219,774.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>152,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>451,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>515,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE PRIDE FOUNDATION	91-1325007

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 218,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 151,390.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE PRIDE FOUNDATION

91-1325007

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
1	DONATED SECURITIES	\$ 154,709.	12/13/23
3	DONATED SECURITIES	\$ 219,774.	01/17/24
12	DONATED SECURITIES	\$ 151,390.	02/21/24
		\$	
		\$	
		\$	

Name of organization	Employer identification number
THE PRIDE FOUNDATION	91-1325007

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE PRIDE FOUNDATION

Employer identification number

91-1325007

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		12,000.	
c Total lobbying expenditures (add lines 1a and 1b)		12,000.	
d Other exempt purpose expenditures		6,792,812.	
e Total exempt purpose expenditures (add lines 1c and 1d)		6,804,812.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		490,241.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		122,560.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	416,482.	429,993.	366,474.	490,241.	1,703,190.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,554,785.
c Total lobbying expenditures				12,000.	12,000.
d Grassroots nontaxable amount	104,121.	107,498.	91,619.	122,560.	425,798.
e Grassroots ceiling amount (150% of line 2d, column (e))					638,697.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE PRIDE FOUNDATION

Employer identification number

91-1325007

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	45	
2 Aggregate value of contributions to (during year)	743,748.	
3 Aggregate value of grants from (during year)	691,292.	
4 Aggregate value at end of year	2,396,393.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,160,866.	39,314,367.	38,029,822.	31,002,888.	33,566,062.
b Contributions	181,677.	273,619.	241,974.	164,581.	256,594.
c Net investment earnings, gains, and losses	4,477,843.	-1,118,816.	3,310,065.	9,083,879.	-898,181.
d Grants or scholarships	713,577.	621,202.	566,946.	511,727.	516,586.
e Other expenditures for facilities and programs	1,537,489.	1,499,123.	1,472,633.	1,506,912.	1,284,328.
f Administrative expenses	181,373.	187,979.	227,915.	202,887.	120,673.
g End of year balance	38,387,947.	36,160,866.	39,314,367.	38,029,822.	31,002,888.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 64.0000 %

c Term endowment 36.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		63,270.	56,247.	7,023.
e Other		18,470.	18,470.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,023.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) OPERATING LEASE PAYABLE	184,420.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		184,420.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,576,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,667,933.
b	Donated services and use of facilities	2b	2,990.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	111,526.
e	Add lines 2a through 2d	2e	2,782,449.
3	Subtract line 2e from line 1	3	6,793,758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,491.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	192,491.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,986,249.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,726,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,990.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	111,526.
e	Add lines 2a through 2d	2e	114,516.
3	Subtract line 2e from line 1	3	6,612,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,491.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	192,491.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,804,812.

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 111,526.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 111,526.

PART V, LINE 4:

ENDOWED SCHOLARSHIP FUNDS PROVIDE FOR SPECIFIC SCHOLARSHIP AWARDS ONCE PER YEAR. GENERAL ENDOWMENT PROVIDES FOUR QUARTERLY DISTRIBUTIONS PER YEAR FOR GENERAL OPERATIONS.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization THE PRIDE FOUNDATION
Employer identification number 91-1325007

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		TEND!			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	267,271.			267,271.
	2 Less: Contributions	264,146.			264,146.
	3 Gross income (line 1 minus line 2)	3,125.			3,125.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,588.			10,588.
	6 Rent/facility costs	8,535.			8,535.
	7 Food and beverages	20,000.			20,000.
	8 Entertainment	2,563.			2,563.
	9 Other direct expenses	69,840.			69,840.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				111,526.
11 Net income summary. Subtract line 10 from line 3, column (d)				-108,401.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE PRIDE FOUNDATION

Employer identification number
91-1325007

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
406 PRIDE 310 N 27TH ST BILLINGS, MT 59101	37-1625450	501(C)3	7,966.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
4D RECOVERY 11010 SE DIVISION ST, STE 200 PORTLAND, OR 97267	46-2702985	501(C)3	19,950.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
4Q6 YOUTH ALLIANCE 312 BURLINGTON AVE BILLINGS, MT 59101	92-1065916	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
AFRICAN COMMUNITY DEVELOPMENT PO BOX 6396 BOISE, ID 83707	61-1554470	501(C)3	50,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
AHAT HOMECARE 301 NORTH 'L' ST TACOMA, WA 98403	94-3102150	501(C)3	8,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ALASKAN AIDS ASSISTANCE ASSOCIATION - 1057 W FIREWEED #102 - ANCHORAGE, AK 99503	92-0113788	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **139.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST, STE 1 TUSCON, AZ 85713	52-2094677	501(C)3	16,750.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ALLIED MEDIA PROJECTS 4731 GRAND RIVER AVE, STE 400 DETROIT, MI 48208	01-0559608	501(C)3	57,600.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
API CHAYA PO BOX 14047 SEATTLE, WA 98114	91-1674016	501(C)3	17,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ASPEN PO BOX 653 LIVINGSTON, MT 59047	81-0534941	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
AWARE PO BOX 20809 JUNEAU, AK 99802	92-0064944	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BAILEY-BOUSHAY HOUSE 2720 E MADISON ST SEATTLE, WA 98112	91-1410450	501(C)3	5,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BARRED BUSINESS FOUNDATION 4217 VIEWPOINT TRAIL ELLENWOOD, GA 30294	87-1392944	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BEYOND THESE WALLS PO BOX 13006 PORTLAND, OR 97213	85-1037488	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BIILUUGE STRONG 751 RENO CREEK RD GARRYOWEN, MT 59031	85-1013604	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN HEART TO HEART 5 W ALDER ST STE 333 WALLA WALLA, WA 99362	91-1527239	501(C)3	14,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BRADLEY ANGLE 5432 N ALBINA PORTLAND, OR 97217	51-0188664	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BROWN HOPE 2037 N WILLIAMS AVE PORTLAND, OR 97227	82-4843276	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
BUILDING CHANGES 1200 12TH AVE S STE 1200 SEATTLE, WA 98144	91-1410450	501(C)3	11,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
CALL TO SAFETY PO BOX 42610 PORTLAND, OR 97242	93-6094804	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
CAMP TEN TREES 1122 E PIKE ST, PMB 1488 SEATTLE, WA 98122	01-0923793	501(C)3	42,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
CASCADE AIDS PROJECT 520 NW DAVIS ST STE 215 PORTLAND, OR 97209	93-0903383	501(C)3	20,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
CHI PSI EDUCATIONAL TRUST 45 RUTLEDGE ST NASHVILLE, TN 37210	03-0386312	501(C)3	35,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
CHOOSING OUR ROOTS PO BOX 141831 ANCHORAGE, AK 99514	82-3583339	501(C)3	30,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS - BENTON/FRANKLIN - PO BOX 1310 - RICHLAND, WA 99352	81-0846103	501(C)3	25,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
COVENANT HOUSE ALASKA 755 A ST ANCHORAGE, AK 99501	13-3419755	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
DISABILITY RIGHTS WASHINGTON 315 5TH AVE S STE 850 SEATTLE, WA 98104	91-0956784	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ECUMENICAL MINISTRIES OF OREGON 245 S BANCROFT ST STE B PORTLAND, OR 97239	93-0625359	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
EDUCATE YA 200 NE 20TH AVE, SUITE 10 PORTLAND, OR 97232	93-1287540	501(C)3	35,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
EMPOWER MT 2300 REGENT ST STE 101 MISSOULA, MT 59801	81-0526099	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ENTRE HERMANOS 1621 S JACKSON ST STE 202 SEATTLE, WA 98144	31-1775429	501(C)3	10,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FEEST 605 SW 108TH ST SEATTLE, WA 98146	46-2268038	501(C)3	35,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FLATHEAD RESERVATION HUMAN RIGHTS COALITION - PO BOX 111 - RONAN, MT 59864	81-0519405	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORTALEZA ATRAVEZ BARRERAS ARCOIRIS LATINO KEIZER, OR 97303	92-1162999	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FORWARD MONTANA FOUNDATION PO BOX 2817 BOZEMAN, MT 59806	26-2075145	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FREEDOM TO THRIVE 5431 NE 20TH AVE PORTLAND, OR 97211	93-1181863	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FRIENDLY HOUSE 2617 NW SAVIER ST PORTLAND, OR 97210	93-0524232	501(C)3	10,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
FYRE (FDN FOR YOUTH RESILIENCY & ENGAGEMENT) - PO BOX 3907 - OMAK, WA 98841	85-1201630	501(C)3	29,425.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GAY CITY 400 E PINE ST STE 100 SEATTLE, WA 98122	91-1685822	501(C)3	6,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GENDER JUSTICE LEAGUE 1122 E PIKE ST #969 SEATTLE, WA 98122	47-3399375	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GLACIER QUEER ALLIANCE PO BOX 9665 KALISPELL, MT 59904	83-4123505	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GLOBAL PARTNERSHIPS 1201 WESTERN AVE STE 410 SEATTLE, WA 98101	82-0574491	501(C)3	28,250.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT FALLS LGBTQ+ CENTER 525 CENTRAL AVE STE U2 GREAT FALLS, MT 59401	81-0829072	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GREATER SPOKANE PROGRESS 25 W MAIN AVE, SUITE 222 SPOKANE, WA 99201	84-4613078	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
GREATER TACOMA COMMUNITY FOUNDATION - OASIS YOUTH CENTER - 2215 PACIFIC AVE - TACOMA, WA 98402	91-1007459	501(C)3	21,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
HARBOR INCLUDE 212 FOURTH ST HOQUIAM, WA 98550	82-3153027	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
HIV ALLIANCE 1195A CITY VIEW ST EUGENE, OR 97402	93-0963546	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
HOLOCAUST CENTER FOR HUMANITY 2045 2ND AVE SEATTLE, WA 98121	91-1464233	501(C)3	6,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
IDAHO COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE - 1402 W GROVE ST - BOISE, ID 83702	82-0410899	501(C)3	139,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
IDENTITY, INC 801 W FIREWEED LN STE 103 ANCHORAGE, AK 99503	92-0091087	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
IMMIGRATION COUNSELING SERVICE 519 SW PARK AVE STE 610 PORTLAND, OR 97205	93-0696480	501(C)3	7,750.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IN A LANDSCAPE: CLASSICAL MUSIC 5331 S MACADAM AVE, STE 258-1007 PORTLAND, OR 97204	82-4203573	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
INDIAN PEOPLES ACTION 18 CATRINA LN MISSOULA, MT 59801	81-5472177	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
INDIGENOUS IDAHO ALLIANCE 1775 W STATE ST #303 BOISE, ID 83702	85-3898563	501(C)3	17,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
INLAND OASIS PO BOX 8205 MOSCOW, ID 83843	11-3727953	501(C)3	7,250.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
INTERMOUNTAIN FAIR HOUSING COUNCIL 4696 W OVERLAND RD STE 140 BOISE, ID 83705	82-0490846	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
JEWISH FAMILY SERVICE 1601 16TH AVENUE SEATTLE, WA 98122	91-0565537	501(C)3	11,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
JOSEPHY CENTER FOR ARTS & CULTURE PO BOX 949 JOSEPH, OR 97846	46-0685338	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
KACHEMAK BAY FAMILY PLANNING CLINIC - 3959 BEN WALTERS LN - HOMER, AK 99603	92-0106486	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
LAMBDA LEGAL 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	23-7395681	501(C)3	11,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO NETWORK 410 NE 18TH AVE PORTLAND, OR 97232	73-1675402	501(C)3	9,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
LAVENDER RIGHTS PROJECT 1004 MLK JR WAY TACOMA, WA 98405	81-0969007	501(C)3	35,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
LGBTQ VICTORY INSTITUTE 1225 I ST NW, STE 525 WASHINGTON, DC 20005	52-1835268	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
LOWER COLUMBIA QUEER CENTER 171 W BOND ST ASTORIA, OR 97103	81-1952670	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
MATTHEW SHEPARD FOUNDATION 301 THELMA DR #512 CASPER, WY 82609	31-1640047	501(C)3	40,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
MEALS ON US PDX 2818 NE HALSEY ST PORTLAND, OR 97232	85-3045830	501(C)3	27,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
MOMENTUM ALLIANCE 221 NW 2ND AVE STE 203 PORTLAND, OR 97209	45-4176224	501(C)3	50,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	81-0472423	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
MONTANA TWO SPIRIT SOCIETY PO BOX 7514 MISSOULA, MT 59807	81-0537207	501(C)3	53,750.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI JUNEAU 8711 TEAL ST, STE 200 JUNEAU, AK 99801	31-1765419	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NATIVE AMERICAN YOUTH AND FAMILY CENTER - 5135 NE COLUMBIA BLVD - PORTLAND, OR 97218	93-1141536	501(C)3	5,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99708	68-0535413	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NEW AVENUES FOR YOUTH 704 MAIN ST STE 304 OREGON CITY, OR 97045	93-0910213	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NEXT UP 1001 SE WATER AVE STE #460 PORTLAND, OR 97214	93-1314754	501(C)3	17,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NOMENUS RADICAL FAERIES PO BOX 312 WOLF CREEK, OR 97497	94-2983887	501(C)3	17,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NORTH IDAHO AIDS COALITION 2201 N GOVERNMENT WAY STE E COEUR D'ALENE, ID 83814	82-0509161	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NORTH IDAHO PRIDE ALLIANCE PO BOX 741 COEUR D'ALENE, ID 83816	81-3072032	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NORTH STAR COMMUNITY FOUNDATION 745 7TH AVE FAIRBANKS, AK 99701	87-0761624	501(C)3	100,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)3	8,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE, WA 98104	91-1393082	501(C)3	5,250.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
OASIS YOUTH CENTER 2215 PACIFIC AVE TACOMA, WA 98402	45-5381980	501(C)3	30,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ODYSSEY YOUTH MOVEMENT 1121 S PERRY ST SPOKANE, WA 99202	91-2045932	501(C)3	30,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
OLALLA CENTER PO BOX 893 TOLEDO, OR 97391	93-0698327	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
OLYMPIC PRIDE PO BOX 1022 PORT TOWNSEND, WA 98368	82-5053228	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
OPEN AID ALLIANCE 1500 W BROADWAY SUITE A MISSOULA, MT 59802	36-3652244	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ORI GALLERY 833 NE SCHUYLER #12 PORTLAND, OR 97212	87-0858251	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PACIFIC COMMUNITY OF ALASKA 3001 PORCUPINE ST ANCHORAGE, AK 99501	87-1247167	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE LIKE US PO BOX 118 ENTERPRISE, OR 97828	92-3299482	501(C)3	32,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PFLAG PENDLETON PO BOX 1819 PENDLETON, OR 97801	93-1275504	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PGM FOR APPROPRIATE TECHNOLOGY IN HEALTH - PO BOX 900922 - SEATTLE, WA 98109	91-1157127	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PIERCE COUNTY AIDS FOUNDATION 2215 PACIFIC AVE TACOMA, WA 98402	91-1385245	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PIZZA KLATCH PO BOX 7384 OLYMPIA, WA 98507	45-5534793	501(C)3	87,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
POWERFUL VOICES PO BOX 1557 TACOMA, WA 98401	91-1679907	501(C)3	45,250.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PRIDE NORTHWEST PO BOX 6611 PORTLAND, OR 97228	93-1167487	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
PROGRESSIVE MULTIPLIER FUND 1802 VERNON ST NW # 1122 WASHINGTON, DC 20009	83-1264302	501(C)3	45,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
Q CENTER 4115 N MISSISSIPPI AVE PORTLAND, OR 97217	20-0038065	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QLAW FOUNDATION 400 E PINE ST STE 225 SEATTLE, WA 98122	65-1253851	501(C)3	11,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
RAINBOW ADVOCACY INCLUSION & NETWORKING SERVICES - PO BOX 2165 - LONGVIEW, WA 98632	20-4683123	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402	91-1859897	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ROD'S HOUSE PO BOX 2283 YAKIMA, WA 98907	36-4659738	501(C)3	50,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ROGUE ACTION CENTER PO BOX 674 TALENT, OR 97540	82-3691229	501(C)3	17,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
ROGUE VALLEY PEPPER SHAKERS 1685 GRAND AVE MEDFORD, OR 97504	92-1233457	501(C)3	30,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
RURAL ORGANIZING PROJECT PO BOX 664 COTTAGE GROVE, OR 97424	93-1159856	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
RVC 3715 S HUDSON ST, STE 103 SEATTLE, WA 98118	47-4257834	501(C)3	30,850.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SAFE HARBOR PO BOX 497 RONAN, MT 59864	81-0402335	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S THEATRE 201 THOMAS ST SEATTLE, WA 98109	51-0172421	501(C)3	38,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SEATTLE TRANS JOY 514 19TH AVE E #311 SEATTLE, WA 98112	92-1515396	501(C)3	30,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SIERRA CLUB FOUNDATION 2101 WEBSTER ST STE 1250 OAKLAND, CA 94612	94-6069890	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SOUTHEAST UPLIFT NEIGHBORHOOD PROGRAM - 3534 SE MAIN ST - PORTLAND, OR 97214	93-0690723	501(C)3	120,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SPECTRUM PO BOX 3222 SPOKANE, WA 99220	36-4950751	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SPOKANE AIDS NETWORK 1121 S PERRY ST SPOKANE, WA 99202	91-1380583	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
STONEWALL YOUTH PO BOX 7383 OLYMPIA, WA 98507	94-3202727	501(C)3	44,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SUSTAINABLE CAPE PO BOX 988 TRURO, MA 02666	06-1778332	501(C)3	13,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
SVARA 4411 N RAVENSWOOD AVE STE 300 CHICAGO, IL 60640	20-0292435	501(C)3	20,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402	91-0697444	501(C)3	12,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
THE COMMUNITY CENTER INC 1088 N ORCHARD ST BOISE, ID 83706	82-0385078	501(C)3	27,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
THEATRE FOR YOUNG AUDIENCES / USA 229 WEST 42ND ST 5TH FLOOR NEW YORK, NY 10036	13-3087769	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
TOTEM STAR 4408 DELRIDGE WAY SW #118 SEATTLE, WA 98106	82-3271788	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
TRANSFAITH 6757 GREENE ST STE 200 PHILADELPHIA, PA 19119	23-2842734	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
TRANSPONDER PO BOX 827 EUGENE, OR 97440	81-3197542	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
TRICYCLE 89 5TH AVE STE 301 NEW YORK, NY 10003	13-3589889	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
TUNDRA WOMEN'S COALITION PO BOX 2029 BETHEL, AK 99559	92-0068684	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
UNITED WAY OF MISSOULA COUNTY 412 W ALDER ST MISSOULA, MT 59802	81-0287854	501(C)3	23,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHWESTERN OREGON PO BOX 1288 COOS BAY, OR 97420	93-0503188	501(C)3	15,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
UTOPIA PDX 1611 SE 87TH AVE PORTLAND, OR 97216	82-2838257	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
UTOPIA WASHINGTON 841 CENTRAL AVE N STE C-106 KENT, WA 98032	61-1668192	501(C)3	40,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WASSMUTH CENTER FOR HUMAN RIGHTS 775 W FULTON ST BOISE, ID 83702	82-0490848	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WENATCHEE PRIDE PO BOX 3242 WENATCHEE, WA 98807	82-5469869	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WESTERN MONTANA LGBT COMMUNITY CENTER - 127 N HIGGINS AVE, SUITE 202 - MISSOULA, MT 59802	81-0537207	501(C)3	50,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WESTSIDE QUEER RESOURCE CENTER 5870 SW 167TH AVE BEAVERTON, OR 97007	84-3281533	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WHITE BIRD DANCE PO BOX 99 PORTLAND, OR 97207	93-1263353	501(C)3	5,500.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WIDER HORIZONS 2433 E VALLEY ST SEATTLE, WA 98112	46-5686466	501(C)3	11,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD DIVERSITY 2310 NE 82ND AVE PORTLAND, OR 97220	83-3099383	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
WING LUKE MUSEUM PO BOX 3025 SEATTLE, WA 98114	91-6067431	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
YAKIMA NEIGHBORHOOD HEALTH SERVICES - PO BOX 2605 - YAKIMA, WA 98907	91-0928817	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
YAKIMA PRIDE 2529 MAIN ST STE 236 UNION GAP, WA 98903	84-1745033	501(C)3	10,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
YWCA ALASKA 3400 SPENARD RD STE 200 ANCHORAGE, AK 99503	92-0130244	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
YWCA OF CLARK COUNTY 3609 MAIN ST VANCOUVER, WA 98663	91-0569882	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY
YWCA OF GREATER PORTLAND PO BOX 4587 PORTLAND, OR 97208	93-0386984	501(C)3	7,000.	0.			TO SUPPORT THE LGBTQ+ COMMUNITY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	112	713,577.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE TYPICALLY AWARDED FOR A SPECIFIC PROJECT AS OUTLINED IN THE
GRANT APPLICATION AND AWARD LETTER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE PRIDE FOUNDATION

Employer identification number

91-1325007

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ARCHBRIGHT WAGE AND COMPENSATION SURVEY IS USED FOR COMPARABILITY DATA.

CEO'S REVIEW IS PERFORMED BY THE EXECUTIVE COMMITTEE AND THE OTHER

EMPLOYEES ARE REVIEWED BY THE CEO.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE PRIDE FOUNDATION

Employer identification number

91-1325007

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	659,521.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2	680.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EVENT SUPPLIES</u>)	X	3	10,588.	FMV
26 Other (<u>TRAVEL</u>)	X	4	2,840.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE PRIDE FOUNDATION

Employer identification number
91-1325007

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EMOTIONAL IMPACT ON THEIR LIVES.

FORM 990, PART VI, SECTION B, LINE 11B:

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 ARCHBRIGHT WAGE AND COMPENSATION SURVEY IS USED FOR COMPARABILITY DATA.
CEO'S REVIEW IS PERFORMED BY THE EXECUTIVE COMMITTEE AND THE OTHER
EMPLOYEES ARE REVIEWED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ARE AVAILABLE UPON REQUEST. SUMMARIZED FINANCIAL STATEMENTS ARE
AVAILABLE EACH YEAR THROUGH OUR ANNUAL REPORT PUBLICATION. ANNUAL AUDIT
REPORTS ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.