990

Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E To	included? Yes No a list. (see instructions) Inmber Iomicile: TX ING LESBIANS, THE WORLD ON
Name change Initial return Initial r	Telephone number 713)529-6979 687,748 Gross receipts\$ n for Yes X No included? Yes No a list. (see instructions) when the complete of the com
Initial return Final return/terminated Amended return Application pending F Name and address of principal officer: SAME AS C ABOVE Total BRANARD ST City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77006 F Name and address of principal officer: FRANCISCO QUIJANO SAME AS C ABOVE H(a) Is this a group return for subordinates?	687,748 Gross receipts\$ for Yes X No included? Yes No a list. (see instructions) Imber Indicate: TX ING LESBIANS, THE WORLD ON
Final return/terminated Amended return Application pending Application pending SAME AS C ABOVE City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77006 F Name and address of principal officer: FRANCISCO QUIJANO SAME AS C ABOVE H(a) Is this a group return for subordinates?	Gross receipts\$ To for Yes X No included? Yes No al list. (see instructions) Yes Imber TO TO Yes X No No al list. (see instructions) Yes Imber TO TO Yes X No
Amended return Application pending F Name and address of principal officer: FRANCISCO QUIJANO SAME AS C ABOVE H(a) Is this a group return for subordinates?	Gross receipts\$ In for Yes X No included? Yes No a list. (see instructions) Imber Iomicile: TX ING LESBIANS, THE WORLD ON
Application pending F Name and address of principal officer: FRANCISCO QUIJANO SAME AS C ABOVE H(a) Is this a group return for subordinates?	n for Yes X No included? Yes No a list. (see instructions) when Included? Yes No a list. (see instructions) when Included? Yes No Included? Yes X No Included? Yes Included? No Inclu
SAME AS C ABOVE H(a) Is this a group return for subordinates?	included? Yes No a list. (see instructions) Inmber Iomicile: TX ING LESBIANS, THE WORLD ON
	included? Yes No a list. (see instructions) Inmber Iomicile: TX ING LESBIANS, THE WORLD ON
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates inc	ING LESBIANS, THE WORLD ON
	ING LESBIANS, THE WORLD ON
J Website: WWW.PRIDEHOUSTON.ORG H(c) Group exemption numb	ING LESBIANS, THE WORLD ON
K Form of organization: X Corporation □ Trust □ Association □ Other ► L Year of formation: 1991 M State of legal dom	THE WORLD ON
Part I Summary	THE WORLD ON
1 Briefly describe the organization's mission or most significant activities: PRIDE HOUSTON SHALL WORK TO BRIN	THE WORLD ON
GAY MEN, BISEXUALS, TRANSGENDERED INDIVIDUALS AND ALLIES TOGETHER TO EDUCATE THE ISSUES IMPORTANT TO THE LGBT COMMUNITY, COMMEMORATE OUR HISTORY AND HERITAGE, COLUTURE AND STRIVE FOR EQUALITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	CELEBRATE OUR
CULTURE AND STRIVE FOR EQUALITY.	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary)	270
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, line 34	0
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	216,616
	471,119
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13
9 Program service revenue (Part VIII, line 2g)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 620,644	687,748
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,600
14 Benefits paid to or for members (Part IX, column (A), line 4)	15,000
15 Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	687,512
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	707,112
19 Revenue less expenses. Subtract line 18 from line 12	
(1)	End of Year
មិន្និ៍ 20 Total assets (Part X, line 16)	136,010
21 Total liabilities (Part X, line 26)	72,038
Beginning of Current Year	63,972
Part II Signature Block	03/312
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.	
FRANCISCO QUIJANO	
Sign Signature of officer Date	
Here FRANCISCO QUIJANO, PRESIDENT	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check if PTIN	TN
Poid	P00540765
Preparer Firm's name COLEMAN TAX SERVICE LLC Firm's EIN	100340703
Use Only Firm's address Po Box 18013 Phone no.	
HOUSTON TX 77206-8013 832-408-	8-5504
May the IRS discuss this return with the preparer shown above? (see instructions)	

) (Revenue \$

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

(Expenses \$ including grants of \$

4) PRIDE HOUSTON INC Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		3.7
	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes." complete Schedule C. Part II			37
_		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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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			3.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	3.7	
L	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

4) PRIDE HOUSTON INC

Checklist of Required Schedules (continued) Part IV

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V

14) PRIDE HOUSTON INC Statements Regarding Other IRS Filings and Tax Compliance

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W.25 included in line 1s. Enter -0-II not applicable Did the organization constly with beacuts withhisdings uples for reportable payments to rendors and reportable gaming (gambling) winnings to price winners? 2a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, Ref of the celentery were ending with or within the year covered by this return Did I at least one is reported on line 2a, did the organization file all required facteral employment tax returns? 2b X Note. If the sum of lines 1 and 25 is greated than 25,00 you may be required to -6lle (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did I "Nes." has filed a Form 980-17 for this year? If "No file 70 is 90,000 or more during the year? 3a I are yit me during the calendar year, did the organization have an interest in, or a signature or other authority over, a filancial account in a Form CEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5b If "Nes." enter the name of the foreign country: * * * * * * * * * * * * * * * * * * *				Yes	No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to price witners? 2	1a	The state of the s			
reportable gening (gambling) winnings to prize winners? Sitements, flied for the calendar year ending with or within the year covered by this return Sitements, flied for the calendar year ending with or within the year covered by this return Note. If the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions) 130 bit we organization have unrelated beariness gross income of \$1,000 or more during the year? 33 bit where it the all promises of the time of promises of the organization for all required endeard employment tax returns? 34 A laray time during the calendar year, did the organization for all required en explanation in Schedule 0 35 bit "Ines", result filed a form 1990-17 to this year? If "No" to line 3b, provide an explanation in Schedule 0 36 bit "Ines", return of the foreign country, schedule as a bank account, or other financial account in of retireging country (such as a bank account, or other financial account in of retireging country). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). If "Yes," there the name of the foreign country. See the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5b Dick any time during the complex party will by the organization file Form 8886-17 5c Dick the organization include with every solicitation an express statement that such contributions or gits were not tax deductable? 11 "Yes," did the organization include with every solicitation and express statement that such contributions or gits were not tax deductable? 12 bit the organization received a contribution or the value of the goods or services provided? 13 bit "Yes," indicate the number of Forms 88282 fleed during the year 14 bit the organization received as contribution or quintiently, to a presonal benefit contract? 15 bit the organization received as contribution or quintientl	b				
28 Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, like for the calendary area ending with or willin the year covered by this return 2 0 0	С				
Statements, flied for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to effice see instructions? Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to effice see instructions? Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to effice see instructions? Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to effice see instructions of the department of 1 to 000 or more outring the year? 3a X 1b If "Yes," Task 1 titled a form 990 or 1 for this year? "I win 8 titled a form 990 or 1 titled a possible or 1 titled a poss	•		1C	<u>X</u>	
b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 and 2a is graster than 250, you may be required to efficie per instructions) Note that sum of lines 1 and 2a is graster than 250, you may be required to efficie per instructions) 3a bid the organization have unrelated business gross income of \$1,000 or more during the year? 3a I was a first of the company of the company of the provides an explanation in Schedule 0 3b I "Nes," has if tild a Form 990-T for this year? If "Not" to line 3b, provide an explanation in Schedule 0 3countly? 4a I any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country. 5country of the company of the calendar year, and the organization have an interest in, or a signature or other financial accounts (FEAR). 5country of the company of the calendar year, and the organization have an interest in, or a signature or other financial Accounts (FEAR). 5country of the organization aparty to a prohibited tax shelter fransaction at any sime during the tax year? 5country of the organization aparty to a prohibited tax shelter fransaction at any sime during the tax year? 5country of the organization prognization that it was or is a party to a prohibited tax shelter fransaction? 5country of the organization shelt any organization that it was or is a party to a prohibited tax shelter fransaction? 5country of the organization shelt was or its a party to a prohibited tax shelter fransaction? 5country of the organization shelt any organization that the organization that the organization shelt any organization shelt any organization states or organization that any organization shelt any organization states organization shelt any organization and party for goods and services provided to the organization neceive a payment in excess of \$75 made party as a contribution of qualitation organization receive and payment in excess of	2a				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			0.	37	
3a Die the organization have unrelated business gross income of \$1,000 or more during the year? by If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b	D		20	X	
b If "Yes," into it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 in a foreign country. Such as a bank account, securities account, or other financial accounts of the foreign country. Securities account, or other financial accounts (FEAR). 58 If "Yes," either the name of the foreign country. Securities account, or other financial accounts (FEAR). 59 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 50 If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," of the fear of 5b, did the organization free from 8886-17. 50 If "Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicl any contributions that were not tax deductibility organization solicl any contributions that there not tax deductibility organization solicl any contributions that there not tax deductibility organization include with every solicitation an express statement that such contributions or gifts were not tax deductibile? 50 Organizations that may receive deductible contributions under section 170(c). 51 If "Yes," indicate the number of Forms 8282 filed during the year 52 If "Yes," indicate the number of Forms 8282 filed during the year 53 If "Yes," indicate the number of Forms 8282 filed during the year 54 If "Yes," indicate the number of Forms 8282 filed during the year 55 If the organization received a contribution of aich, solar, sinjanes, or other vehicles, did the organization flee form 899 as required? 56 If the organization received a contribution of aich poperty, did the organization flee form 899 as required? 57 If the organization received a contribution of ciars	20		20		v
4a Al 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; when the country is the country over, a financial account in a foreign country; when the country is the country over, a financial account in a foreign country; when the country is the country over a financial account in a foreign country; when the country is the country over a financial account in a foreign country; when the country is the country over a financial account in a financ	_				Λ
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b if "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party nofity the organization that it was or is a party to a prohibited tax shelter transaction? 5b US X c If "Yes" to line 5a or 5b, did the organization file Form 8866-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween of tax deductible as charitable contributions? 5c S b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9b If the organization received accontribution of year dependency of the organization received accontribution of year dependency of the organization received a contribution of year dependency of the organization received a contribution of year dependency of the organization received a contribution of year dependency of the organization received a contribution of year dependency of the organization flee in the payor? 7b If the organization received a contribution of year dependency of the organization flee in the payor? 7c X 7d If the organization received a contribution of year dependency of the organization flee in orm 1089 C? 7d If the organization received a contribution of year dependency of year year dependency of year year year year year year year year	_		30		
account)? 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), 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Using the organization aparty to a prohibited tax shelter transaction? 50 Using the organization aparty to a prohibited tax shelter transaction? 50 Using the organization aparty to a prohibited tax shelter transaction? 51 Using the organization become a prohibited tax shelter transaction? 52 Using the organization solicit any contributions that twe so or is a party to a prohibited tax shelter transaction? 53 Using the organization house annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 64 Using the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 65 Using the organization transaction receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 65 Uffective organization organization notify the donor of the value of the goods or services provided? 76 Uffective organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 67 Uffective organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization neceived a contribution of qualified intellectual property, did the organization file Form 8283 as required? 76 Uffective organization received a contribution of qualified intellectual property, did the organization file a Form total contract? 77 EX 78 If the organization received a contribution of cars, boats, arplanes, or other wholes, did the organization file a Form 1990. 78 Sponsoring organization have excess busine	- a				
b If "Pes," either the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in "Yes" to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b			4a		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58	h				21
(FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6a or 5b, did the organization life Form 8888-T? 5c Does the organization and an analysis of the organization of the Form 8888-T. 5c Does the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If the organization include to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8 If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization number of Forms 8282 filed during the year 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization file or form 1098-C? 7n X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make a dis					
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 bill dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 bill dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 52 cill fill west on the organization shelt the organization include with every solicitation an express statement that \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 53 cill were not tax deductible? 54 bill fill west organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 cill were not tax deductible? 56 cill were not tax deductible? 57 coll of the organization shall may receive deductible contributions under section 170(c). 58 and services provided to the payor? 59 cill fill west were not tax deductible? 50 cill the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 50 cill fill were organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to flie Form 8282? 50 cill fill were granization sell, exchange, or otherwise dispose of tangible personal property for which it was required to flie Form 8282? 50 cill fill were granization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 cill fill were granization received a contribution of qualified intellectual property, did the organization funtact? 71 cill fill the organization received a contribution of qualified intellectual property, did the organization funtact? 72 cill fill the organization received a contribution of qualified intellectual property, did the organization funtact. 73 cill fill the organization received a contribution of case, boats, airplanes, or other vehicles, did the organization fu					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 63 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 64 Does the organization solicit any contributions that were not tax deductible as charitable contributions? 65 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 75 Organizations that may receive deductible contributions under section 170(c). 86 Did the organization stat may receive deductible contributions under section 170(c). 87 Organizations that may receive deductible contributions under section 170(c). 88 Did the organization sell, exchange, or otherwise dispose or tangible personal property for which it was required to file Form 8282? 89 If "Yes," indicate the number of Forms 8282 filed during the year 90 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 91 Off the organization received a contribution of qualified intellectual property, did the organization flee form 8989 as required? 92 If the organization received a contribution of qualified intellectual property, did the organization flee form 899 as required? 93 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization flee form 899 as required? 94 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee form 899 as required? 95 Sponsoring organization make any taxable distributions under section 4966? 96 Did the sponsoring organization make any taxable distributions under section 4966? 97 Jac Section 501(c)(7) organizations make any taxable distributions under section 4966? 98 Sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 99 Sponsoring organization make a distribution to a donor, donor advisor furnity the section 4900 (1) organization sc	5a		5a		X
the fires to line 5a or 5b, did the organization file Form 8886-T? 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? 6b Jiffyes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7 If Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1 If Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 4 The Vistory of the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 5 Sponsoring organization smalitaning donor advised funds. Did a donor advised funds. 5 Sponsoring organization smalitaning donor advised funds. Did a donor advised funds. 5 Did the sponsoring organization make a distribution to a donor, donor advised funds annual maintained by the sponsoring organization make a distribution to a donor, donor advised funds. 5 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution to a donor, donor advised funds. 1 Did the sponsoring organization make any taxable distribution in the properties of the properties of the	_				
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions? by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). a Did the organization notity the donor of the value of the goods or services provided? 71 Different organization notity the donor of the value of the goods or services provided? 72 Different organization notity the donor of the value of the goods or services provided? 73 Different organization notity the donor of the value of the goods or services provided? 74 Different organization notity the donor of the value of the goods or services provided? 75 Different organization notity the donor of the value of the goods or services provided? 76 Different organization notity the donor of the value of the goods or services provided? 77 Different organization notity the donor of forms 8282 filed during the year 18 Polity the organization organization organization services and provided (rect), to pay premiums on a personal benefit contract? 19 Different organization deceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Different organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 19 Different organization received an contribution of qualified intellectual property did the organization file Form 8899 as required? 10 Different organization make any taxable distributions under section 4966? 10 Different organization make any taxable distributions under section 4966? 10 Different organization make any taxable distributions under section 4966? 11 Different organization make any taxable distributions under section 4966? 12 Different organization from the organization make any taxa					
organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Conganizations that may receive deductible contributions under section 170(c). 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		•			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Tax X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7g X Nonsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Organization sponsoring organization make any taxable distributions under section 4966? 9c Organization sponsoring organization make any taxable distributions under section 4966? 9c Organization sponsoring organization make any taxable distributions under section 4966? 9c Organization sponsoring organization make any taxable distributions under section 4966? 9c Organization sponsoring organization make any taxa			6a		Х
gifts were not tax deductible? 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? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Trives, indicate the number of Forms 8282 filed during the year pay premiums, directly or indirectly, on a personal benefit contract? 9 Trives, indicate the number of Forms 8282 filed during the year pay premiums, directly or indirectly, on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make and distributions under section 4966? 9 Did the sponsoring organization funding form any taxable distributions under section 4966? 9 Did the sponsoring organization f	b	,			
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			6b		
and services provided to the payor? 7a	7	Organizations that may receive deductible contributions under section 170(c).			
b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? To Did the organization mathatining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Soponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Sobjection 501(c)(7) organizations make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make any taxable distributions under section 4966? Soction 501(c)(7) organizations. Enter: In Initiation fees and capital contributions included on Part VIII, line 12 Soction 501(c)(12) organizations. Enter: Gross income from members or shareholders Fores income from members or shareholders Fores income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Soction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Did If "Yes," enter the amount of rax-exempt interest received or accrued during the year Did If "Yes," enter the amount of raserves the organization in more than one state? To Did If the organization is licensed		and services provided to the payor?	7a		Х
required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X 18 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 X 19 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 76 X 77 X 78 X 79 X 79 X 79 X 79 X 70 X 70 X 71 X 72 X 73 X 74 X 75 X 75 X 76 X 76 X 77 X 78 X 79 X 79 X 70 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 76 X 76 X 76 X 77 X 78 X 79 X 79 X 70 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 76 X 76 X 77 X 78 X 79 X 79 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 76 X 76 X 76 X 77 X 78 X 79 X 79 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 76 X 76 X 76 X 77 X 78 X 79 X 79 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 77 X 78 X 78 X 78 X 79 X 79 X 70 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 77 X 78 X 78 X 78 X 78 X 78 X 78 X 79 X 78 X 78 X 79 X 78 X 79 X 70 X 7	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X The variation of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7g X The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7g X The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7g X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organizations. Enters 10a Did the sponsoring organizations. Enters 11b Did Did Did Did Did Organizations. Enters 11a Did	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? f Did the organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indo			7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 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 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health insurance Issuers. 13a 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. 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 Center the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?	d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 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. 14 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 13 Center the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year?	f				
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13b			7h		X
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8		_		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	9				
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_				
a Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·	ap		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	, ,			
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c					
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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c	13				
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c			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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
c Enter the amount of reserves on hand	b	·			
14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
	С	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

Sec	tion A. Governing Body and Management			[2]
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • • • • • • • • • • •			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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 in Schedule O	9		3.7
Sac	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
000	Tion B. 1 Oncies (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	162	No 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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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			
0.6	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year. State the page, address, and telephone number of the person who pessesses the organization's books and records:			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SEAN HERBOLD (713)529-6979, 401 BRANARD ST, HOUSTON, TX 77006			

Form 990 (2014) PRIDE HOUSTON INC 76-0360374 Page 7

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

<u> </u>										
					(C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average	(do not check more than box, unless person is bo						Reportable Reportable		Estimated
	hours per					r/trustee		compensation	compensation from	amount of
	week (list any						,	from	related	other
	hours for related	0 =	=	0	_	ФІ	F	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	idivi	nstitu	Officer	ey e	mpk	Forme	(W-2/1099-MISC)	(W-2/1099-WIGC)	organization
	below dotted	dual	ition	-) B	st c	er	,		and related
	line)	rus	al tri		Key employee	l mp				organizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee				
			е			ated				
70										
(1) TERESA CARPENTER	20.00									
DIRECTOR		Х							0	0
(2) PAUL PETTIE	10.00									
DIRECTOR		Х						1	0	0
(3) JEREMY FAIN	10.00									
DIRECTOR		Х							0	0
(4) FRANCISCO QUIJANO	30.00									
PRESIDENT AND CEO	[Х					0	0
(5) SEAN_HERBOLD	10.00									
TREASURER				Х					o o	0
(6)										
<u>(7)</u>										
<u> </u>										
(8)										
(8)										
(9)										
(9)										
(40)										
<u>(10)</u>										
(44)										
<u>(11)</u>										
<u>(12)</u>										
-										
<u>(13)</u>	L									
(14)	L									

Section A.

Form 990										76-03603	374	Р	age 8
Part V	Section A. Officers, Directors, Trustees, I	Key Employ	ees, a	nd H	ligh	est (Comp	ensa	ated Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	a dire	tion ore th on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation the ganization relate ganization relate ganization	on d
15)													
16)													
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
c 7	Sub-total Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							A A	0	0			0
	Total number of individuals (including but not limited							ore	_	<u> </u>	1		
r	eportable compensation from the organization									0			
3 [Did the organization list any former officer, director,	or trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	ensated			Yes	No
4 F	employee on line 1a? If "Yes," complete Schedule J t For any individual listed on line 1a, is the sum of repo	ortable comp	ensati	on a	nd o	ther	comp	ensa			3		X
i	organization and related organizations greater than \$ ndividual • • • • • • • • • • • • • • • • • • •										4		X
f	Did any person listed on line 1a receive or accrue coor services rendered to the organization? If "Yes," co	•		-			-		on or individual		5		X
	n B. Independent Contractors	al facilities and a		4		U 4			U 0.100.00) -f			
C	Complete this table for your five highest compensate compensation from the organization. Report compensation.												
<u> </u>	ear. (A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	<u>n</u>
2 7	Total number of independent contractors (including b	out not limited	d to the	ose li	isted	abo	ove) w	ho					

PRIDE HOUSTON INC
Statement of Revenue Part VIII

		Check if Schedule O contains a response or no	ote to any line in this	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
za z	b	Membership dues 1b	39,891				
۵ٌ۶	c	Fundraising events 1c	39,091				
r A							
ਹ਼≅	d						
ns, Sïï	е	Government grants (contributions) - 1e					
er (t	All other contributions, gifts, grants,					
ള		and similar amounts not included above 1f	176,725				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
<u> </u>	h	Total. Add lines 1a-1f		216,616			
Φ			Business Code				
nue	2a	PRIDE FESTIVAL N PARADE	812900	471,119	466,319		4,800
Program Service Revenue	b						
<u>.</u>	С						
ē.	d						
Ę	е						
ogra	f	All other program service revenue					
Ę		Total. Add lines 2a-2f		471,119			
	Ť			471,113			
	3	Investment income (including dividends, interest, and other similar amounts)		13			13
	4	Income from investment of tax-exempt bond proce		13			13
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
	_	(i) Real	(ii) Personal				
	6a	Gross rents · · · · · · ·					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) • • • • • • • • • • • • • • • • • •					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	h	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)	<u> </u>				
<u>o</u>		Gross income from fundraising					
enne	0a	· ·					
		events (not including \$					
ĸ.		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18 · · · · · · · · a					
Ö		Less: direct expenses b					
	С	Net income or (loss) from fundraising events •					
	9a	Gross income from gaming activities.					
		See Part IV, line 19 · · · · · · · · a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities • •					
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory · ·	· ▶				
	Ť	Miscellaneous Revenue	Business Code				
	11a		Duomiess Code				
	b						
		·					
	C	All other revenue					
		All other revenue	<u> </u>				
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	🟲	687,748	466,319	0	4,813

Form 990 (2014) PRIDE HOUSTON INC Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) organizations must complete all columns. All o	U

	Check if Schedule O contains a response or note to ar	ny line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,600	19,600		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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				
8	Pension plan accruals and contributions (include				
0					
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	2,000		2,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · ·	100,792	100,093	699	
12	Advertising and promotion	309,277	299,074	10,203	
13	Office expenses	10,976	6,659	4,317	
14	Information technology	4,418	4,116	302	
15	Royalties				
16	Occupancy	23,280		23,280	
17	Travel	15,544	13,730	1,814	
18	Payments of travel or entertainment expenses			_,,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38	38		
20	Interest · · · · · · · · · · · · · · · · · · ·	433	30	433	
21	Payments to affiliates	133		133	
22	Depreciation, depletion, and amortization	1 227	305	1,032	
23	Insurance	1,337			
		26,460	23,982	2,478	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT RENTAL	111,225	111,225		
b	EVENT EXPENSES	78,598	78,598		
С	BEVERAGE SALES TAX	3,134		3,134	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e ·	707,112	657,420	49,692	0
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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2014) PR
Part X Balance Sheet PRIDE HOUSTON INC

		Check if Schedule O contains a response or note to any line in this Part X			
		, , , , , , , , , , , , , , , ,	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	45,949	1	29,820
	2	Savings and temporary cash investments	24,007	2	37,015
	3	Pledges and grants receivable, net	•	3	•
	4	Accounts receivable, net	13,054	4	62,880
	5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 11,990			
	b	Less: accumulated depreciation	5,129	10c	3,792
	11	Investments - publicly traded securities		11	
	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	2,443	15	2,503
	16	Total assets. Add lines 1 through 15 (must equal line 34)	90,582	16	136,010
	17	Accounts payable and accrued expenses	7,246	17	72,038
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		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		0.5	
	00	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,246	26	72,038
S		` "			
Fund Balances	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
В В	29	Permanently restricted net assets		29	
Ë	29	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
or F		complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	83,336	32	63,972
Ne	33	Total net assets or fund balances	83,336	33	63,972
	34	Total liabilities and net assets/fund balances	90 582	34	136 010

Page **11**

		<u>6-03603</u>	74	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check 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	87,7	48
2	Total expenses (must equal Part IX, column (A), line 25)	2		07,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		19,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		83,3	
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		63,9	72
Pa	rt XII Financial Statements and Reporting				
	Check 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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		- 2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		- 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		- 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		- 3b		

EEA Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

PRI	DE	HOUSTON INC					76-03603	74
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 11, check only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E.)				
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).		
4		A medical research organization operation	ated in conjunction	with a hospital described	l in sectio i	n 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	al unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state, or local government of	or governmental un	it described in section 1	70(b)(1)(A)(v).		
7	X	An organization that normally receives	a substantial part	of its support from a gove	ernmental	unit or fron	n the general public	
		described in section 170(b)(1)(A)(vi).	. (Complete Part II.)				
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	S
		receipts from activities related to its ex	kempt functions - s	ubject to certain exceptio	ns, and (2	no more t	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fr	om businesses	
		acquired by the organization after Jun	e 30, 1975. See s e	ection 509(a)(2). (Comple	ete Part III.)		
10		An organization organized and operat	ed exclusively to te	est for public safety. See s	section 50	9(a)(4).		
11		An organization organized and operat	ed exclusively for the	he benefit of, to perform t	he function	ns of, or to	carry out the purpose	es of
		one or more publicly supported organi	izations described i	in section 509(a)(1) or se	ection 509	(a)(2). See	e section 509(a)(3).	Check
		the box in lines 11a through 11d that d	lescribes the type of	of supporting organization	and comp	lete lines	11e, 11f, and 11g.	
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its su	ipported o	rganization	n(s), typically by giving	9
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or t	rustees of the suppor	ting
		organization. You must complete	e Part IV, Sections	s A and B.				
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its suppor	ted organi	zation(s), by having	
		control or management of the sup	porting organizatio	on vested in the same per	sons that	control or n	nanage the supported	d
		organization(s). You must comp	lete Part IV, Section	ons A and C.				
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	tionally integrated witl	h,
		its supported organization(s) (see	instructions). You	must complete Part IV,	Sections	A, D, and	E.	
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	upported organization	(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a dis	stribution r	equiremen	t and an attentivenes	s
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	I D, and P	art V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	non-functionally int	tegrated supporting orgar	nization.			
	f	Enter the number of supported organi	zations					
	g	Provide the following information about	it the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9	listed in you		support (see instructions)	other support (see instructions)
				above or IRC section (see instructions))	docum	entr	instructions)	instructions)
				, , , , ,	Yes	No		
(A)								
(
(B)								
(D)								
(C)								
(C)								
(D)								
(0)								
(E)								
·- <i>,</i>								
Tota	ıl						I	I

Page 2 Schedule A (Form 990 or 990-EZ) 2014

Part II

90 or 990-EZ) 2014 PRIDE HOUSTON INC 76-0360374
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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	188,561	253,480	219,684	188,392	216,616	1,066,733
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 · · · · · ·	188,561	253,480	219,684	188,392	216,616	1,066,733
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)						981,164
6	Public support. Subtract line 5 from line 4						85,569
	tion B. Total Support	(-) 2040	(h) 2044	(=) 2042	(4) 2042	(=) 2014	(f) T-4-1
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	188,561	253,480	219,684	188,392	216,616	1,066,733
	sources	18	5	6	11	13	53
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.)		(211) (1,515)		(1,726
11	Total support . Add lines 7 through 10 •		,				1,065,060
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	·		,	` /\	,	▶□
	tion C. Computation of Public Su	• •		22			0/
14	Public support percentage for 2014 (line 6, c					14	8.03 %
15 16-	Public support percentage from 2013 School	, ,	•			· · · · · · · · · · · · · · · · · · ·	33.00 %
ıoa	33 1/3% support test - 2014. If the organization qualified box and stop here. The organization qualified		•		·		▶ □
b	33 1/3% support test - 2013. If the organization						
b	check this box and stop here. The organiza						▶ □
17a	10%-facts-and-circumstances test - 2014			· ·			
	10% or more, and if the organization meets	ŭ			*		
	Part VI how the organization meets the "fact						
	organization		-	·			▶ □
b	10%-facts-and-circumstances test - 2013						
-	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee				•	y	
					•	•	▶ 🔲
18	Private foundation. If the organization did r						
	instructions						▶ 🏋

Schedule A (Form 990 or 990-EZ) 2014 76-0360374 Page 3

90 or 990-EZ) 2014 PRIDE HOUSTON INC Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 bus. under sec 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the org organization, check this box and stop here			•	, , ,	3)	▶ □
Se	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2014 (line 8, co	``		• •		15	%
16	Public support percentage from 2013 Schedu					16	%
	ction D. Computation of Investmen			I		47	
17 18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sci		•	olumn (f))		17	% %
I9a	33 1/3% support tests - 2014. If the organization is not more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2013. If the organiza line 18 is not more than 33 1/3%, check this b						▶ 🔲
20	Private foundation. If the organization did no	ot check a box on I	line 14, 19a, or 19b	, check this box a	nd see instructions		> 🔲

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

PRIDE HOUSTON INC

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

76-0360374

Organi	zation type (check one):				
Filers o	of:	Section:			
Form 9	90 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 9	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check i	if your organization is cover	red by the General Rule or a Special Rule .			
	Only a section 501(c)(7), (8)), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	al Rule				
X	· ·	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.			
Special	l 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 or 990-EZ), 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.				
	contributor, during the year	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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				
990-EZ	, or 990-PF), but it must ar	ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nswer "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 ify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization Employer identification number PRIDE HOUSTON INC 76-0360374

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SILVER EAGLE DISTRIBUTORS P O BOX 2743 HOUSTON, TX 77252	\$35,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ELITE CARE 24 HR EMERGENCY CENTER 2500 RICE BLVD HOUSTON, TX 77005	\$14,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	BP FOUNDATION 501 WESTLAKE PARK BLVD HOUSTON, TX 77079-2604	\$6,683	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_4	WALGREENS 3317 MONTROSE BLVD HOUSTON, TX 77006	\$	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	WELLS FARGO BANK 2714 SMITH ST HOUSTON, TX 77006	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	SOUTH BEACH 810 PACIFIC ST HOUSTON, TX 77006	\$ <u>8,750</u>	Person X Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number PRIDE HOUSTON INC 76-0360374

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	E & J GALLO 600 YOSEMITE BLVD MODESTO, CA 95354	\$25,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	KROGER 19245 DAVID MEMORIAL DR CONROE, TX 77385	\$15,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	BBVA 1701 W ALABAMA ST HOUSTON, TX 77098	\$7,500	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	PALM BREEZE BEVERAGE CO 300 W HUBBARD ST STE 301 CHICAGO, IL 60654	\$11,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	CBS RADIO TEXAS 24 GREENWAY PLAZA STE 1900 HOUSTON, TX 77046	\$275,000	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Name of organization Employer identification number PRIDE HOUSTON INC 76-0360374

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
11	IN KIND RADIO TV ADVERTISING	\$ 275,000	05-15-2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public

Inspection Name of the organization Employer identification number 76-0360374 PRIDE HOUSTON INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Tyes No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1 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 SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schod	ule D (Form 990) 2014 PRIDE HOUSTON I	·NC			76-03603	74	Page 2
	rt III Organizations Maintaining C		rt, Historical T	reasures, or Oth			
3	Using the organization's acquisition, accession, a		•	· · · · · · · · · · · · · · · · · · ·			
	collection items (check all that apply):		•				
а	Public exhibition	d Loa	n or exchange prog	rams			
b	Scholarly research	e 🗌 Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain ho	w they further the or	ganization's exempt p	urpose in Part		
	XIII.						
5	During the year, did the organization solicit or rec		•	,			_
	assets to be sold to raise funds rather than to be		of the organization's	collection?		· Yes	No
Pai	et IV Escrow and Custodial Arrang		. Farma 000 Day	4 1) / 1: 0		t	
	Complete if the organization an	iswered "Yes" to	Form 990, Pai	t IV, line 9, or rep	orted an amoun	t on Form	
4.	990, Part X, line 21.	and the same of the same of the same	for a substitute of the second	-11			
1a	Is the organization an agent, trustee, custodian of			otner assets not		. Yes	□No
h	included on Form 990, Part X?					· 🔲 ies	□ №
b	If "Yes," explain the arrangement in Part XIII and	complete the lollowi	ing table.		Amo	unt	
c	Beginning balance			10		unt	
d	Boginning balance			<u> </u>			
е	- ,			-			
f	Ending balance			11	;		
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or custo	dial account liability?		· · Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explai	nation has been pro	vided in Part XIII			. 🔲
Pai	rt V Endowment Funds.						
	Complete if the organization an	iswered "Yes" to	Form 990, Par	t 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						
b	Contributions					<u> </u>	
С	Net investment earnings, gains, and						
	losses					<u> </u>	
a	Grants or scholarships					 	
е	Other expenditures for facilities and programs						
f	Administrative expenses					-	
	End of year balance					 	
9 2	Provide the estimated percentage of the current	vear end halance (li	ne 1g. column (a)) h	eld as:			
– a	Board designated or quasi-endowment	% %	ne rg, column (a)) n	cia do.			
b	Permanent endowment \(\bigs\) %						
c	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should e						
3a	Are there endowment funds not in the possessio	•	that are held and a	dministered for the			
	organization by:	-				Yes	No
	(i) unrelated organizations					3a(i)	

(ii) related organizations

		162	NO
	3a(i)		
	3a(ii)		
	3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Dart VI	land	Buildings	and E	auinmon	٠

Land, Buildings, and Equipment.

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

	Complete if the organization answered Test to Form 500, Fart IV, line Tra. Gee Form 500, Fart X, line Te.							
	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							
С	Leasehold improvements							
d	Equipment		11,990	8,198	3,792			
е	Other							
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

chedule D (Form 990) 2014 PRIDE HOUSTON INC 76-0360374 Page 3

Part VII	Investments - Other Securities		76-036037	4 raye
I alt VII	Complete if the organization ans		t IV, line 11b. See Form 990, Part	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial d		• • • •		
	Id equity interests	• • •		
(3) Other				
(A)				
(B)		_		
(C) (D)		_		
(E)		_		
(F)				
(G)				
(H)				
-) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related	i. '		
	Complete if the organization ans	wered "Yes" to Form 990, Part	t 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)				
) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u> </u>		
Part IX	Complete if the organization ans	wered "Ves" to Form 900 Part	t IV line 11d See Form 000 Part	t Y line 15
	Complete if the organization and		Try, line 11d. See 1 oilli 990, 1 an	
(1) DEDOG	IT FOR LEASE	(a) Description		(b) Book value 1,77
	IT FOR KEYS			72
(3)	II ION NUID			, 2
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		2,50
Part X	Other Liabilities.			
	Complete if the organization ans line 25.	wered "Yes" to Form 990, Par	t IV, line 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			-	
(7)			-	
(8)				
(9)		<u> </u>	-	
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 25.)			

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 PRIDE HOUSTON INC 76-0360374 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a 2b 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4c С Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c **d** Other (Describe in Part XIII.) 2e 3 3 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 Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

EEA Schedule D (Form 990) 2014

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014 Inspection

OMB No. 1545-0047

Name of the organization PRIDE HOUSTON INC	Employer identification number 76-0360374						
Part I General Information on 0	Grants and Ass	istance					
1 Does the organization maintain records to	substantiate the amo	ount of the grants or assist	ance, the grantees' eliq	gibility for the grants or	assistance, and		
the selection criteria used to award the gra	ants or assistance?						· X Yes No
2 Describe in Part IV the organization's proc	cedures for monitoring	g the use of grant funds in	the United States.				
Part II Grants and Other Assistan		~		•	•	d "Yes" to Form 99	90,
Part IV, line 21, for any recipi	ient that received	more than \$5,000. Part	t II can be duplicate	d if additional space	e is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)BERING OMEGA							
PO BOX 540517							HIV AND LGBT
HOUSTON, TX 77254-0517	76-0589592	501C3	6,500				SUPPORT
(2)PFLAG HATCH YOUTH SCHOLARSH							
PO BOX 667010							LGBT
HOUSTON, TX 77266-7010	76-0596873	501C3	4,000				SCHOLARSHIP
(3)OUT FOR EDUCATION							
PO BOX 667010							LGBT
HOUSTON, TX 77266-7010	76-0596873	501C3	4,000				SCHOLARSHIP
(4)DIANA FOUNDATION							
PO BOX 66523							SUPPORT LGBT
HOUSTON, TX 77266-6523	74-1854138	501C3	2,500				ISSUES
(5)INTERPRIDE							WORLDWIDE
PO BOX 181074							PRIDE ORG
BOSTON, MA 02118-0011	51-0353166	501C3	600				COORDINATOR
(6)HOUSTON TRANSGENDER UNITY							
PO BOX 542287							
HOUSTON, TX 77254-2287	87-0692026	501C3	1,500				
(7)NATIONAL MS SOCIETY							
733 THIRD AVE 3RD FLOOR							
NEW YORK, NY 10017	13-5661935	501C(3)	500				MS RESEARCH
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) an	-						
3 Enter total number of other organizations	listed in the line 1 tab	le	<u> </u>	<u> </u>			

PRIDE HOUSTON INC 76-0360374

ule I (Form 990) (2014) PRIDE HOUSTON IN					76-0360374
rt III Grants and Other Assistance	to Domestic Individu	als. Complete if t	he organization ans	wered "Yes" to Form 990	0, Part IV, line 22.
Part III can be duplicated if addit	tional space is needed	i.	· ·		,
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
IV Supplemental Information. Pro	vide the information r	equired in Part I	line 2 Part III, colur	nn (h) and any other add	ditional information
Monitoring procedures (

EEA Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PRIDE HOUSTON INC

Employer identification number

76-0360374 01. Unrelated business income explanation (Part V, line 3b) UNRELATED BUSINESS INCOME IS FROM ADVERTISEMENT SALES TO THE PRIDE FESTIVAL AND PARADE BROCHURE AND WEBSITE. THE BROCHURE DOES NOT MEET THE REGULARLY CONDUCTED CRITERIA SINCE IT IS ONLY PUBLISHED ONCE A YEAR. THE WEBSITE POSTS LOGOS OF THE COMPANIES THAT SPONSOR BOOTHS FOR THE PRIDE FESTIVAL. LOGOS, WITHOUT ADDITIONAL INFORMATION, ARE DEEMED TO BE IN RETURN OF SPONSORSHIP PAYMENTS. 02. Form 990 governing body review (Part VI, line 11) FORM 990 EMAILED TO ALL BOARD MEMBERS PRIOR TO RETURN BEING SIGNED. 03. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS MUST SIGN CONFLICT OF INTEREST STATEMENT EACH YEAR DETAILING ANY POSSIBLE CONFLICT. 04. Governing documents, etc, available to public (Part VI, line 19) PRIDE HOUSTON BY LAWS ARE MADE AVAILABLE TO THE PUBLIC ALONG WITH THE INFORMATION 990 RETURN. 05. List of other fees for services expenses (Part IX, line 11g) PROGRAM SERVICES CONTRACTOR FEES ARE AS FOLLOWS: EVENT ENTERTAINMENT \$60,728 SECURITY 28,140 OTHER CONTRACT SVCS 8,825 GRAPHIC DESIGNER 1,400 1,000 PHOTOGRAPHER

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization Page 2 Employer identification number PRIDE HOUSTON INC 76-0360374 \$100,093 TOTAL

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2014

Attach to your tax return. Attachment Department of the Treasury Sequence No. 179 Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service (99) Identifying number Name(s) shown on return Business or activity to which this form relates FORM 990 PRIDE HOUSTON INC 76-0360374 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 1,337 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation d) Recovery (a) Classification of property placed in (husiness/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property MM Nonresidential real 39 yrs. S/L MM S/L property Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 1,337 For assets shown above and placed in service during the current year, enter the