Form **990-EZ** 

#### Short Form **Return of Organization Exempt From Income Tax**

OMB No. 1545-1150 2018

'i guinzu			
	 -	<b></b>	

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

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

Open to Public Inspection

		ue Service	Go to www.irs.gov/Form990EZ for instructions and t	he latest inform	nation.		mopeouon
A F	or the	2018 calenda	r year, or tax year beginning , 2018, a	nd ending			, 20
Вс	heck if ap	oplicable:	C Name of organization		D Employe	er identi	fication number
A	ddress cł	nange	NORTHERN ARIZONA PRIDE ASSOCIATION		86-0	97434	1
N	ame chai	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephon	e numb	er
In	itial retur	'n					
Fi	inal retur	n/terminated	PO BOX 1604		(928	3)213-	-1900
A	mended i	return	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	xemptior	ı
A	pplicatior	n pending	FLAGSTAFF, AZ 86002		Number	_	
G A	ccount	ing Method:	X Cash Accrual Other (specify)	н			organization is <b>not</b>
	Vebsite		://www.flagstaffpride.org/		required to at		
			heck only one) - 🗶 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1)		(Form 990, 9	90-EZ, c	or 990-PF).
		-	Corporation Trust Association Other				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r				
			500,000 or more, file Form 990 instead of Form 990-EZ				143,816
Ра	rt I		e, Expenses, and Changes in Net Assets or Fund Bala	•			·
			he organization used Schedule O to respond to any question in				
	1		s, gifts, grants, and similar amounts received ••••••••••••••••			1	1,996
	2		vice revenue including government fees and contracts • • • • • • • • •			2	129,224
	3		dues and assessments			3	
	4		ncome • • • • • • • • • • • • • • • • • • •	1		4	1
	5a			ia			
				ib		_	
	_		) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	•	fundraising events:				
a	а		e from gaming (attach Schedule G if greater than	. 1			
Revenue		,		ia in the second se			
evel	b		e from fundraising events (not including \$	_ of contribution	ns		
۲ ۵			ing events reported on line 1) (attach Schedule G if the	. 1			
				ib	10,777		
					9,511		
	a		rr (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract		0.1	
	7-	,				6d	1,266
			<b>,</b>	'a 'b	1,818		
			goods sold · · · · · · · · · · · · · · · · · · ·	-	2,565	70	(= 4 =
			e (describe in Schedule O)			7c 8	(747
	8 9		e (describe in Schedule O)			9	101 740
	10		imilar amounts paid (list in Schedule O)			10	131,740
	11	Renefite noid	to or for members		· · · · · · · · · · · · · · · · · · ·	10	
	12	Salariae oth	er compensation, and employee benefits		· · · · · · · · · · · · · · · · · · ·	12	14,943
ŝë	13	Professional	fees and other payments to independent contractors		· · · · · · · · · · · · · · · · · · ·	13	
ens	14		ent, utilities, and maintenance			14	<u> </u>
Expenses	15		ications, postage, and shipping			15	4,109
-	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			16	104,808
	17		ses. Add lines 10 through 16.			17	104,808
	18		eficit) for the year (Subtract line 17 from line 9)			18	7,530
ŝŝ	19		r fund balances at beginning of year (from line 27, column (A)) (must agree				7,330
Net Assets			igure reported on prior year's return) • • • • • • • • • • • • • • • • • • •			19	33,029
₹	20		es in net assets or fund balances (explain in Schedule O) • • • • • • •			20	
ž	21		r fund balances at end of year. Combine lines 18 through 20 · · · · ·			21	40,559
For			on Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2018)

-	m 990-EZ (2018) NORTHERN ARIZONA PRIDE	ASSOCIATION		86-0	974	341 Page 2
Pa	Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II		<u></u>	• • • • • • • • <u>X</u>
			. ,	ginning of year		(B) End of year
	Cash, savings, and investments			33,019	22	40,549
	Land and buildings			0	23	0
	Other assets (describe in Schedule O)		•••••	10	24	10
-	Total assets		•••••	33,029	25	40,559
	Total liabilities (describe in Schedule O) · · · · · · · · · · ·			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree w			33,029	27	40,559
Pa	art III Statement of Program Service Accomplishme	•	•			Expenses
	Check if the organization used Schedule O to re-		on in this Part III.	•••••	(Rec	uired for section
wn	at is the organization's primary exempt purpose? SEE SCHEDUI	LE O			501(	c)(3) and 501(c)(4)
	cribe the organization's program service accomplishments for each				orga	nizations; optional for
	measured by expenses. In a clear and concise manner, describe the		e number of		othe	rs.)
<u> </u>	sons benefited, and other relevant information for each program title					
28	22nd annual production of "Pride in the Pi					
	educating, celebrating, increasing accepta		s of			
	LGBTQIA community. 2018 festival served ov		haali hara		000	110.000
20		cludes foreign grants, c			28a	110,092
29	2018 marked the third annual raising of th					
	held on city grounds. The City of Flagstaf	ri allowed the	ILAG			
	to stay up for 4 consecutive days. (Grants \$ ) If this amount inc	cludes foreign grants, c	hook horo		29a	0
30					250	0
50	In 2018 Northern AZ Flagstaff Pride Associ					
	more outreach programs throughout the year the LGBTQIA+ community, including free bow					
		cludes foreign grants, cl		· · · · ► 🔲	30a	6,268
31						0,208
•.		cludes foreign grants, c			31a	
32	Total program service expenses (add lines 28a through 31a) · ·				32	116,360
	art IV List of Officers, Directors, Trustees, and Key Employ				tions f	
	Check if the organization used Schedule O to respond to		-			· _
			(c) Reportable	(d) Health benefits	s,	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp		(e) Estimated amount of other compensation
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensa		other compensation
KA	THRYN JIM					
EX	ECUTIVE DIRECTOR	30.00	15,000	)	0	0
DE	BRA TAYLOR					
PR	ESIDENT	15.00		)	0	0
CA	RRIE NELSON					
VI	CE PRESIDENT	5.00	(	)	0	0
PE	NELOPE SCOTT					
TR	EASURER	15.00	0	)	0	0
RY.	AN MARTIN					
DI	RECTOR	10.00		)	0	0
DO	NNIE JONES					
SE	CRETARY	10.00		)	0	0
DE	NISE WEBB					
DI	RECTOR	5.00	(	)	0	0
PA	IRICK GAMBLE					
DI	RECTOR	5.00		)	0	0
	RISTOPHER PLACE					
	RECTOR	5.00	(	)	0	0
	CHAEL RAMIREZ					
DI	RECTOR	5.00		)	0	0

	NORTHERN ARIZONA PRIDE ASSOCIATION 86-09743	341	P	age <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		<u></u>	• 📋
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)? • • • • • • • • • • • • • • • • • • •	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · ·	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III • • • • • • • • • • • • • • • • •	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 > ; section 4912 > ; section 4955 >			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		Х
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed <b>AZ</b>			
42 a	The organization's books are in care of PENELOPE SCOTT Telephone no. 928-2	13-1	900	
	Located at > PO BOX 1604, FLAGSTAFF, AZ ZIP + 4 > 86002			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here • • • • • • • • • • • • • • • • • •		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		Х

Form 9	90-EZ (201	8) NORTHERN ARIZON	A PRIDE ASSOCIAT	ION			86-0	974341		Page 4
									Yes	No
46	Did the	organization engage, directly or indirectly, in	political campaign activitie	es on behalf	of or in oppo	sition				
		dates for public office? If "Yes," complete S	-					4	6	Х
Par		Section 501(c)(3) Organizations				<b>.</b> .				
		All section 501(c)(3) organizations	must answer quest	ions 47 - 4	490 and 5	z, and	complete the	tables	for line	es
		50 and 51.	adula O ta raanand	to only a	loction in t	hia Da	ort \/I			
		Check if the organization used Scl		to any qu		IIIS Fa	rt VI		-	
47	Didtha	execution encode in labelying activities or	have a position EQ1(h) alo	ation in offer	t during the i	-			Yes	No
47		d the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								
48	-	ear? If "Yes," complete Schedule C, Part II · · · · · · · · · · · · · · · · · ·								
40 49a		organization make any transfers to an exem						49	-	X X
чэа b		was the related organization a section 527		-				49		
50		te this table for the organization's five highest	•			actors tr	ustees and key			
50		ees) who each received more than \$100,000								
	employe						ealth benefits,			
		(a) Name and title of each employee	(b) Average hours per week		eportable ensation	contribu	itions to employee	.,	ated amo	
			devoted to position	(Forms W-2/1099-MISC)		benefit plans, and deferred compensation		other comp		ation
NON	ε									
f		mber of other employees paid over \$100,00								
51		te this table for the organization's five highes			ors who each	receive	d more than			
	\$100,00	0 of compensation from the organization. If	there is none, enter "Non	e."						
	(a)	Name and business address of each independent contra	actor	(b	) Type of service	e	(0	c) Compens	ation	
NON	r.									
d	Total nu	mber of other independent contractors each	receiving over \$100,000	)	►					
52	Did the	organization complete Schedule A? Note: A	Il section 501(c)(3) organi	zations must	attach a			_	_	
		ed Schedule A							es 🗌	No
Unde	penalties	of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and	l statements, a	ind to the	best of my knowled	lge and bel	ief, it is	
true, c	orrect, an	d complete. Declaration of preparer (other than o	fficer) is based on all informa	tion of which p	preparer has a	ny knowle	edge.			
Cia		Signature of officer				Det	•			
Sig: Her			_			Dat	e			
пег	e	PENELOPE SCOTT, TREASURED Type or print name and title	R							
			Preparer's signature		Date			PTIN		
Paid	4		. oparor o orginaturo			10	Check if self-employed		0.600	
_	parer	Roberta Motter CPA			04-15-20			P0009	0603	
	Only	Firm's name Roberta Motter				Fi	rm's EIN 🕨			
030	Only	Firm's address 119 E Terrace A						774-00	70	
May	the IRS d	Flagstaff AZ 86 iscuss this return with the preparer shown a				Pr	none no. 928-	<u>774–80</u> ► ☑ γ	/8 es □	No
iviay		accuss this return with the preparer showing						<u> </u>		-

SCHEDULE A	S	С	Η	Ε	D	U	L	Е	Α
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# **Public Charity Status and Public Support**

OMB No. 1545-0047

			Complete if the organization	te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						018	
(Form 990 or 990-EZ) Department of the Treasury				Attach to Form 990 or Form 990-EZ.						o Public	
		venue Service	►	Go to www.irs.go	www.irs.gov/Form990 for instructions and the latest information.					ection	
Name	of th	e organization						Employer identifica	ation number		
NOR	THE	RN ARIZONA	PRIDE ASSOCIA								
Pa	rt I	Reason	for Public Charity	<b>y Status</b> (All or	ganizations must co	omplete	this part	.) See instructions	S.		
The	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	y one box.)					
1		A church, conv	ention of churches, or	association of chur	ches described in <b>sectio</b>	n 170(b)(1)	)(A)(i).				
2		A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ).)					
3		A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	ii).				
4											
	hospital's name, city, and state:										
5											
		section 170(b)	(1)(A)(iv). (Complete F	Part II.)							
6		A federal, state	, or local government o	or governmental un	it described in section 17	70(b)(1)(A)	(v).				
7	Х	An organization	n that normally receives	s a substantial part	of its support from a gov	ernmental	unit or fron	n the general public			
		described in se	ction 170(b)(1)(A)(vi).	(Complete Part II.)	)						
8		A community tr	ust described in <b>sectio</b>	on 170(b)(1)(A)(vi).	(Complete Part II.)						
9		An agricultural	research organization of	described in <b>sectio</b>	n 170(b)(1)(A)(ix) opera	ted in conju	unction with	n a land-grant college			
		or university or	a non-land-grant colleg	ge of agriculture (se	ee instructions). Enter the	e name, cit <u>y</u>	y, and state	e of the college or			
	_	university:									
10	$\Box$	An organization	n that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross			
		•		•	ubject to certain exceptio	. ,					
					siness taxable income (le		,	om businesses			
			-		ction 509(a)(2). (Comple	,					
11	Ц	-	•	•	st for public safety. See s						
12	П	•	•	•	ne benefit of, to perform t						
					d in <b>section 509(a)(1)</b> or						
	_		-		e type of supporting orga		•		2g.		
	а				ed, or controlled by its su	• •	-				
			• • • • •		appoint or elect a majorit	y of the dir	ectors or ti	rustees of the			
	L		organization. You mus	-							
	b				trolled in connection with		-				
			n(s). You must compl		n vested in the same per	sons that c	Control of I	nanage the supported			
	•		•		nization operated in conn	oction with	and funct	ionally integrated with			
	с	_ //		11 0 0	must complete Part IV,			, ,			
	d		-	,	organization operated in				2)		
	ŭ				enerally must satisfy a di						
			, .	<b>o o</b>	Part IV, Sections A and						
	е		. ,		determination from the IF			Type II. Type III			
	•		-		egrated supporting organ		,	.)pe, .)pe			
	f		per of supported organi	-							
	g	Provide the foll	owing information abou	ut the supported or	ganization(s).						
		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the or	rganization	(v) Amount of monetary	(vi) Amou	int of	
					(described on lines 1-10	listed in you	• •	support (see	other supp		
					above (see instructions))	docum	ent?	instructions)	instruct	ons)	
						Yes	No				
(											
(A)											
(B)											
(C)											
(D)											
(E)											
 Tota	1										

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

	ule A (Form 990 or 990-EZ) 2018 NORT	HERN ARIZONA	A PRIDE ASSO	CIATION		86-0974341	
Pa							
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify	under the tests	isted below,	please complet	e Part III.)	
	tion A. Public Support	<b></b>	1	1	1		
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,676			_	1,996	3,672
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 • • • • • •	1,676				1,996	3,672
5	The portion of total contributions by					,	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 •						3,672
Sec	tion B. Total Support		•				
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	( <b>b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
7	Amounts from line 4 • • • • • • • •	1,676				1,996	3,672
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1	1
						1	1
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.) ••••••••••						
11	<b>Total support.</b> Add lines 7 through 10						3,673
12	Gross receipts from related activities, etc. (s	ee instructions)				12	5,075
		,	accord third fourth		a = a = a = a = a = a = a = a = a = a =		
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c		<u> </u>	f)) • • • • • • • •		14 9	9.97 %
15	Public support percentage from 2017 Sched	.,	•				80.69 %
16a	33 1/3% support test - 2018. If the organization						
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			· · · Þ 🛛
b	33 1/3% support test - 2017. If the organization	ation did not check	a box on line 13 or	16a, and line 15 is	s 33 1/3% or more,	check	
	this box and stop here. The organization qu	alifies as a publicly	supported organiz	ation •••••			· · · 🕨 🔲
17a	10%-facts-and-circumstances test - 2018.	If the organization	did not check a bo	ox on line 13, 16a,	or 16b, and line 14 i	s	
	10% or more, and if the organization meets	the "facts-and-circu	umstances" test, cl	neck this box and s	<b>stop here.</b> Explain ir	า	
	Part VI how the organization meets the "fact		-				_
	organization						· · · ▶ 🔲
b	10%-facts-and-circumstances test - 2017.	If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and line	е	
	15 is 10% or more, and if the organization m	eets the "facts-and	l-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization meet			-		-	
	11 0						· · · 🕨 🗌
18	Private foundation. If the organization did r						_
	instructions						··· ► 📋
EEA						Schedule A (Forr	n 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2018
Open to Public
Inspection

Employer identification number

#### NORTHERN ARIZONA PRIDE ASSOCIATION

86-0974341

### 01. General explanation attachment

Northern Arizona Pride Association's mission is to educate, celebrate and increase

acceptance and awareness of the lesbian, gay, bisexual and transgender (LGBTQ) community

of Flagstaff and Northern Arizona.

Through the production of our annual Pride in the Pines festival, we aspire to make a

positive difference in the LGBTQ reality while creating a sense of Community. It is our

Mission to embrace, promote, and support our cultural diversity, civil, and human rights

by fighting discrimination of any kind.

Northern Arizona Pride Association's vision is to increase LGBTQ visibility and equality

and end homophobia and trans-phobia in Northern Arizona. Through the production of Pride

in the Pines we hope to foster a more tolerant and accepting atmosphere for the LGBTQ

<u>community</u>

## 02. Description of other expenses (Part I, line 16)

Description	Amount	
BANK CHARGES	384	
MEETING MEALS	3,270	
DUES & FEES	225	
SUPPLIES	2,864	
WEBSITE	628	
PRIDE IN THE PINES DIRECT EXPENSE	92,874	
CONFERENCE	480	

Schedule O (Form 990 or 990-EZ) (2018)		Page
Name of the organization		Employer identification number
NORTHERN ARIZONA PRIDE ASSOCIATION		86-0974341
CONTRIBUTIONS & GIFTS	2,444	
TRAVEL	1,417	
OUTREACH		
03. Description of other assets (Par		
Category	Beginning of Year	End of Year
PREPAID EXPENSE	10	10
04. Other program services (Part III	:, line 31)	
(CONTINUED) and hosted "Friendsgiving	" dinner on World Aids Day to	not only honor and
remember those we have lost to HIV an		
who may not have had the opportunity	to celebrate with family.	