

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NORTHERN ARIZONA PRIDE ASSOCIATION. Address: PO BOX 1604, FLAGSTAFF, AZ 86002

D Employer identification number: 86-0974341. E Telephone number: (928) 213-1900. F Group Exemption Number

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

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

I Website: http://www.flagstaffpride.org/

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 143,816

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, and similar amounts received (1,996); 2 Program service revenue (129,224); 3 Membership dues and assessments; 4 Investment income (1); 5a Gross amount from sale of assets; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events (10,777); 6c Less: direct expenses from gaming (9,511); 6d Net income or (loss) from gaming (1,266); 7a Gross sales of inventory (1,818); 7b Less: cost of goods sold (2,565); 7c Gross profit or (loss) from sales (747); 8 Other revenue; 9 Total revenue (131,740); 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (14,943); 13 Professional fees and other payments to independent contractors (350); 14 Occupancy, rent, utilities, and maintenance (4,109); 15 Printing, publications, postage, and shipping; 16 Other expenses (104,808); 17 Total expenses (124,210); 18 Excess or (deficit) for the year (7,530); 19 Net assets or fund balances at beginning of year (33,029); 20 Other changes in net assets; 21 Net assets or fund balances at end of year (40,559).

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,019	40,549
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	10	10
25 Total assets	33,029	40,559
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,029	40,559

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

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

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <b>22nd annual production of "Pride in the Pines" promotes educating, celebrating, increasing acceptance &amp; awareness of LGBTQIA community. 2018 festival served over 5,600</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	110,092
29 <b>2018 marked the third annual raising of the rainbow flag held on city grounds. The City of Flagstaff allowed the flag to stay up for 4 consecutive days.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 <b>In 2018 Northern AZ Flagstaff Pride Association established more outreach programs throughout the year to better serve the LGBTQIA+ community, including free bowling nights, SCH O</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,268
31 Other program services (describe in Schedule O) <input type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	116,360

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATHRYN JIM EXECUTIVE DIRECTOR	30.00	15,000	0	0
DEBRA TAYLOR PRESIDENT	15.00	0	0	0
CARRIE NELSON VICE PRESIDENT	5.00	0	0	0
PENELOPE SCOTT TREASURER	15.00	0	0	0
RYAN MARTIN DIRECTOR	10.00	0	0	0
DONNIE JONES SECRETARY	10.00	0	0	0
DENISE WEBB DIRECTOR	5.00	0	0	0
PATRICK GAMBLE DIRECTOR	5.00	0	0	0
CHRISTOPHER PLACE DIRECTOR	5.00	0	0	0
MICHAEL RAMIREZ DIRECTOR	5.00	0	0	0

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

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

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

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** Date  
 Signature of officer  
**PENELOPE SCOTT, TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>Roberta Motter CPA</b>	Preparer's signature	Date <b>04-15-2019</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00090603</b>
Firm's name ▶ <b>Roberta Motter CPA PLLC</b>			Firm's EIN ▶	
Firm's address ▶ <b>119 E Terrace Ave Suite D</b>			Phone no. <b>928-774-8078</b>	
<b>Flagstaff AZ 86001</b>				

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**NORTHERN ARIZONA PRIDE ASSOCIATION**

**86-0974341**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**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](http://www.irs.gov/Form990) for the latest information.

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**NORTHERN ARIZONA PRIDE ASSOCIATION**

Employer identification number  
**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 community

**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

Name of the organization

Employer identification number

**NORTHERN ARIZONA PRIDE ASSOCIATION**

**86-0974341**

CONTRIBUTIONS & GIFTS 2,444

TRAVEL 1,417

OUTREACH 222

**03. Description of other assets (Part II, line 24)**

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 and AIDS, but to also provide a Thanksgiving to those who may not have had the opportunity to celebrate with family.