Form **990-EZ**

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)

2020

OMB No. 1545-0047

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.

<u>A</u>	For the	2020 calenda	r year, or tax year beginning	, 2020, and ending		, 20	
В	Check if ap	plicable:	C Name of organization		D Emplo	yer identification	number
	Address ch	ange	NORTHERN ARIZONA PRIDE ASSOCIATION		86-	-0974341	
	Name chan	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number	
	Initial return	n					
	Final return	n/terminated	PO BOX 1604		(92	28)814-0076	
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
	Application	pending	FLAGSTAFF, AZ 86002		Numbe	er 🕨	
G	Accounti	ing Method:	☐ Cash X Accrual Other (specify) ►		H Check ►	if the organization	ation is not
I	Website	: http	://www.flagstaffpride.org/		required to	attach Schedule I	3
<u>J_</u>	Tax-exe	mpt status (c	heck only one) - X 501(c)(3) 501(c)() ◀ (insert no.)	4947(a)(1) or 527	(Form 990,	990-EZ, or 990-F	PF).
Κ	Form of	organization:	X Corporation ☐ Trust ☐ Association	Other			
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more, or if tot	al assets		
(Pa	art II, colu	ımn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	50,252
P	art I	Revenu	e, Expenses, and Changes in Net Assets or F	und Balances (se	e the instructio	ns for Part I)	
		Check if	the organization used Schedule O to respond to any qu	uestion in this Part I			X
	1	Contributions	s, gifts, grants, and similar amounts received			1	44,016
	2	Program ser	vice revenue including government fees and contracts			2	5,982
	3		dues and assessments			3	•
	4	Investment in	ncome			4	4
	5a	Gross amou	nt from sale of assets other than inventory	5a			
	b		other basis and sales expenses				
	1) from sale of assets other than inventory (subtract line 5b from			5c	
	6	Gaming and	fundraising events:				
	а	Gross incom	e from gaming (attach Schedule G if greater than				
ne		\$15,000) •		6a			
Revenue	b	Gross incom	e from fundraising events (not including \$	of contributions			
Be		from fundrais	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000)	6b			
	С	Less: direct e	expenses from gaming and fundraising events	6c			
	1		or (loss) from gaming and fundraising events (add lines 6a and 6				
		line 6c)				6d	
	7a	Gross sales	of inventory, less returns and allowances	7a	250		
	b	Less: cost of	goods sold	7b	1,275		
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	(1,025)
	8	Other revenu	ie (describe in Schedule O)			8	
	9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	48,977
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	_
	11	Benefits paid	to or for members			11	_
'n	12	Salaries, oth	er compensation, and employee benefits			12	
se	13	Professional	fees and other payments to independent contractors			13	11,012
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	5,319
Ä	15	Printing, pub	lications, postage, and shipping			15	206
	16	Other expens	ses (describe in Schedule O)			16	11,662
_	17		ses. Add lines 10 through 16			17	28,199
	18		eficit) for the year (subtract line 17 from line 9)			18	20,778
Net Assets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree with			
Ass		end-of-year f	igure reported on prior year's return)			19	72,328
et/	20		es in net assets or fund balances (explain in Schedule O)			20	(110)
Z	21		r fund halances at end of year. Combine lines 18 through 20		•	21	92 996

		DE ASSOCIATION				
Par	<u> </u>	•				
	Check if the organization used Schedule O t	o respond to any qu				
			<u> </u>	(A) Beginning of year		(B) End of year
	Cash, savings, and investments			72,318	22	77,894
	and and buildings			0	23	0
	Other assets (describe in Schedule O)			10	24	15,102
_	otal assets			72,328	25	92,996
	Total liabilities (describe in Schedule O)			0	26	0
Par	let assets or fund balances (line 27 of column (B) must agr			72,328	27	92,996
Fai	Statement of Program Service Accomplis Check if the organization used Schedule O	•				Expenses
\M/bot			restion in this Fait i	·····	(Red	quired for section
vvnat	is the organization's primary exempt purpose:	HEDULE O			501(c)(3) and 501(c)(4)
	ribe the organization's program service accomplishments for	•			orga	nizations; optional for
	easured by expenses. In a clear and concise manner, descril ons benefited, and other relevant information for each program		d, the number of		othe	rs.)
'	DUE TO THE COVID-19 PANDEMIC RISK, A V		TENT WAS			
_	PRODUCED FOR JUNE INSTEAD OF THE USUAL					
_	EBRUARY, AN IN PERSON RAINBOW BALL WA					
_	•	unt includes foreign gra	nts. check here	▶ □	28a	17,108
· · ·	THER OUTREACH AND AWARENESS EVENTS AN		,			11/100
_	SUPPORTING LGBTQIA2S+ STAKEHOLDERS WER		RTUALLY	_		
	OR AS ALLOWED BY CDC AND LOCAL COMMUNI					
-		unt includes foreign gra		🕨 🔲	29a	0
30						
_						
(0	Grants \$) If this amo	unt includes foreign gra	nts, check here • •	▶ 🔲	30a	
31 C	Other program services (describe in Schedule O)			<u>.</u>		
(0	Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ 📙	31a	
	otal program service expenses (add lines 28a through 31a)				32	17,100
Par	List of Officers, Directors, Trustees, and Key Em		· ·	d - see the instructions	for F	Part IV)
	Check if the organization used Schedule O to response	ond to any question in th			• • •	· · · · · · <u> </u>
		(In) A				
		(b) Average	(c) Reportable	(d) Health benefits,	e	(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	e	(e) Estimated amount of other compensation
03 DE	<u> </u>		compensation	contributions to employe	e	
	RIE NELSON	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		other compensation
VICE	RIE NELSON E PRESIDENT	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		
VICE DEBF	RIE NELSON E PRESIDENT RA TAYLOR	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		other compensation
VICE DEBF PRES	RIE NELSON E PRESIDENT RA TAYLOR SIDENT	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		other compensation
VICE DEBE PRES DONN	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES	hours per week devoted to position 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employer benefit plans, and deferred compensation 0		other compensation 0
VICE DEBE PRES DONN SECE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		other compensation
VICE DEBF PRES DONN SECF DENI	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB	hours per week devoted to position 10.00 15.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employer benefit plans, and deferred compensation 0		other compensation 0 0
VICE DEBE PRES DONN SECE DENI TREE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY	hours per week devoted to position 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employer benefit plans, and deferred compensation 0		other compensation 0
VICE DEBE PRES DONN SECE DENI TREE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM	hours per week devoted to position 10.00 15.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employer benefit plans, and deferred compensation 0		other compensation 0 0
VICE DEBF PRES DONN SECF DENI TREA RYAN	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM	hours per week devoted to position 10.00 15.00 5.00 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0
VICE DEBE PRES DONN SECE DENI TREE RYAN DIRE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN	hours per week devoted to position 10.00 15.00 5.00 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0
VICE DEBF PRES DONN SECF DENI TREA RYAN DIRE CHRI	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE	hours per week devoted to position 10.00 15.00 5.00 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0 0 0
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE	hours per week devoted to position 10.00 15.00 5.00 10.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0 0 0
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0		other compensation 0 0 0 0 0
VICE DEBE PRES DONN SECE DENI TREE RYAN DIRE CHRI DIRE BREE DIRE JONE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0		other compensation 0 0 0 0 0
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O
VICE DEBF PRES DONN SECF DENI TREF RYAN DIRE CHRI DIRE BREF DIRE JONE MART	RIE NELSON E PRESIDENT RA TAYLOR SIDENT NIE JONES RETARY ISE WEBB ASURER INTERIM N MARTIN ECTOR ISTOPHER PLACE ECTOR ANNA FRENETTE ECTOR ATHAN STONE ECTOR ISTOPE	hours per week devoted to position 10.00 15.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to employer benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0		Other compensation O O O O O O O O

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NORTHERN ARIZONA PRIDE ASSOCIATION 86-0974341 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 Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Х 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 x 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 c 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 x Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Х 38 a 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 Section 501(c)(7) organizations. Enter: 39a 39b **40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 section 4911 $\textbf{b} \quad \text{Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958}$ 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 c 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, **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e 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 X List the states with which a copy of this return is filed **42 a** The organization's books are in care of **JONATHAN STONE** Telephone no. ► 928-814-0076

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	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	er			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).					
С	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 Nο

44 a	Did the organization maintain any donor advised funds during the year? It "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
С	Did the organization receive any payments for indoor tanning services during the year?	44c	Х
d	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
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		
	Form 990-EZ. See instructions	45b	x

											Yes	No
46	Did the	organization engage, directly or indirectly, in	political campaign activitie	s on behalf c	of or in oppos	ition						
		idates for public office? If "Yes," complete So								46		X
Par		Section 501(c)(3) Organizations										
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	19b and 52	2, and	compl	ete the	table	es for	lines	i
		50 and 51.										_
	(Check if the organization used Scl	nedule O to respond	to any qu	estion in t	his Pa	art VI			<u></u>		<u>. U</u>
											Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) elec	tion in effect	during the ta	Х						
	year? If	"Yes," complete Schedule C, Part II								47		х
48	Is the or	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," c	omplete Sch	edule E .					48		X
49 a	Did the	organization make any transfers to an exemp	ot non-charitable related or	rganization?						49a		х
b	If "Yes,"	was the related organization a section 527 of	organization?							49b		
50	Comple	te this table for the organization's five highes	t compensated employees	(other than	officers, direc	ctors, tru	istees an	d key				
	employe	ees) who each received more than \$100,000	of compensation from the	organization	n. If there is r	none, er	iter "None	э."				
					eportable		lealth bene					
		(a) Name and title of each employee	(b) Average hours per week		ensation		utions to en plans, and c			Estimated other com		
		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	devoted to position		2/1099-MISC)		compensatio		· '	Julei con	iperisati	JII
NON	₹.											
	_											
f	Total pu	mber of other employees paid over \$100,000										
51				nt contractor	o who cook r	oooiiyad	mara the					
31		te this table for the organization's five highes			S WIIO Eacil I	eceived	more ma	111				
	φ100,00	00 of compensation from the organization. If	there is none, enter mone	;. 								
	(a)	Name and business address of each independent contra	ctor	(b) Type of service)		(0	c) Comp	ensation		
							_					
	_											
NON	<u> </u>						_					
d		mber of other independent contractors each	=									
52	Did the	organization complete Schedule A? Note: All	section 501(c)(3) organiza	itions must a	ttach a				_	1		
		ted Schedule A							<u> </u>			No
Under	penalties	of perjury, I declare that I have examined this retu	rn, including accompanying s	chedules and	statements, ar	nd to the	best of my	knowledg	e and l	oelief, it	is	
true, c	correct, an	d complete. Declaration of preparer (other than of	fficer) is based on all informati	ion of which pr	reparer has an	y knowle	dge.					
		DEBRA TAYLOR										
Sig		Signature of officer				Da	te					
Her	e	DEBRA TAYLOR, PRESIDENT										
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date		Check	X if	PTII	N		
Paid	t	Roberta Motter			06-10-20	22	self-er	nployed	P00	0906	03	
	parer	Firm's name				F	irm's EIN	>				
Use	Only	Firm's address PO Box 275										
		Flagstaff AZ 86	002			P	hone no.	928-	774-	8078		
May t	he IRS d	iscuss this return with the preparer shown at	oove? See instructions	<u> </u>				<u></u> >	► X	Yes		No

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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 for instructions and the latest information.

Open to Public Inspection

Employer identification number

NORTHERN ARIZONA PRIDE ASSOCIATION 86-0974341 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). X 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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. 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 U 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 NORTHERN ARIZONA PRIDE ASSOCIATION 86-0974341
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

36	Cilon A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,996	7,446	44,529	53,971
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			1,996	7,446	44,529	53,971
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)						23,920
6	Public support. Subtract line 5 from line 4						30,051
Se	ction B. Total Support		•				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4			1,996	7,446	44,529	53,971
8	Gross income from interest, dividends,				,		
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			1	3	4	8
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	Total support. Add lines 7 through 10						53,979
	Gross receipts from related activities, etc. (s	ee instructions	5)			12	55/515
	First five years. If the Form 990 is for the org		•	I, fourth, or fifth	tax year as a s	ection 501(c)(3)	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Support	rt Percentag	e				
	Public support percentage for 2020 (line 6, c			column (f))		14	55.67 %
	Public support percentage from 2019 Sched					15	99.96 %
	33 1/3% support test - 2020. If the organizat					or more, check	
	box and stop here. The organization qualifie						
k	33 1/3% support test - 2019. If the organizat						
	this box and stop here. The organization qua						_
17a	10%-facts-and-circumstances test - 2020.	•		-			
	10% or more, and if the organization meets tl	-					
	Part VI how the organization meets the facts				-	•	d
	organization						_
k	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me	_					
	in Part VI how the organization meets the fac						
	organization			-	•		_
18	Private foundation. If the organization did no						
-	instructions						▶ □

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

NORTHERN ARIZONA PRIDE ASSOCIATION 86-0974341 Organization type (check one): Filers of: Section: Form 990 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 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗷 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
NORTHERN ARIZONA PRIDE ASSOCIATION 86-0974341

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE MONA PRIVATE FOUNDATION 120 S HOUGHTON RD STE 138 PMB 191 TUCSON AZ 85748	\$25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLAGSTAFF ARTS COUNCIL PO BOX 296 FLAGSTAFF AZ 86002	\$23,500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD STE 405B PHOENIX AZ 85016	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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

Open to Public Inspection

Employer identification number

NORTHERN ARIZONA PRIDE ASSOCIATION

86-0974341

01. General explanation attachme	ent
Northern Arizona Pride Association	on's mission is to educate, celebrate and increase
acceptance and awareness of the l	Lesbian, Gay, Bisexual, Transgender, Questioning,
<pre>Intersex, Asexual, Two Spirit+ ()</pre>	LGBTQIA2+) community of Flagstaff and Northern Arizona.
Through the production of our and	nual Pride in the Pines festival, we aspire to make a
positive difference in the LGBTQ	IA2+ 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	n of any kind.
Northern Arizona Pride Association	on's vision is to increase LGBTQIA2+ visibility and
equality to end homophobia and to	rans-phobia in Northern Arizona. Through the production of
Pride in the Pines we work to for	ster a more tolerant and accepting atmosphere within our
community.	
02. Description of other expense	es (Part I, line 16)
Description	Amount
PROMOTION	2,547
BANK FEES	9
DUES & FEES	389
OFFICE SUPPLIES	719
INFORMATION TECHNOLOGY	1,663
INSURANCE	413
PROGRAM EXPENSES	3,513

Schedule O (Form 990 or 990-EZ) (2020)
Page 2

Name of the organization		Employer identification number
NORTHERN ARIZONA PRIDE ASSOCIATI	ION	86-0974341
CONTRIBUTIONS & GIFTS	883	
TRAVEL	901	
TAX & LICENSES	625	
03. Other changes in net assets	or fund balances (Part I, line 2	20)
Description	Amount	
Prior period adjustment	(110)	
11101 politou au jacomono	(220)	
04. Description of other assets	(Part II, line 24)	
Category	Beginning of Year	End of Year
SECURITY DEPOSIT	10	0
ACCOUNTS RECEIVABLE	0	4,000
PRE-PAID EXPENSES	0	11,102
PRE-PAID EAPENDED	U	11,102