

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)

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

A For the 2015 calendar year, or tax year beginning, 2015, 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
Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 1604
City or town, state or province, country, and ZIP or foreign postal code: 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 [] 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 134,501

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 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	4,058	22	3,376
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	10	24	10
25 Total assets	4,068	25	3,386
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,068	27	3,386

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 Annual production of "Pride in the Pines" promotes educating, celebrating, increasing acceptance & awareness of LGBTQ community. 2015 festival served over 4,000 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	67,804
29 Hosted annual conference for 19 organizations of Consolidated Association of Pride serving Arizona, California, Hawaii, Mexico, Nevada, New Mexico, Texas & Utah (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	13,579
30 Prepaid expenses for 2016 "Pride in the Pines" festival (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	30,525
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	See SERVICES 5,090
32 Total program service expenses (add lines 28a through 31a)	32	116,998

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 PRESIDENT	25.00	12,000	0	0
DEBRA TAYLOR VICE PRESIDENT	10.00	0	0	0
CARRIE NELSON SECRETARY	5.00	0	0	0
PENELOPE SCOTT TREASURER	10.00	0	0	0
ALEX LEE DIRECTOR	5.00	0	0	0
ELISE FISHER DIRECTOR	2.00	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. Rows include 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 46 Yes No 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 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No X
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X
b If "Yes," was the related organization a section 527 organization? 49b Yes No

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."

Table with 5 columns: (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. Row 1 contains 'NONE'.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Roberta Motter CPA 04-29-2016 P00090603 Firm's name Roberta Motter CPA PLLC Firm's EIN Firm's address 119 E Terrace Ave Suite D Flagstaff AZ 86001 Phone no. 928-774-8078

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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 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 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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)						
Total						

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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, Description, and Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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	329
ADVERTISING	250
DUES & FEES	265
SUPPLIES	107
WEBSITE	1,040
PRIDE IN THE PINES FESTIVAL COSTS	98,720
CAPI CONFERENCE EXPENSE	13,579

Name of the organization

Employer identification number

NORTHERN ARIZONA PRIDE ASSOCIATION

86-0974341

GIFTS 40

TRAVEL 1,802

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)

EXPENSES FOR TRAVEL AND PROMOTION OF THE ORGANIZATION'S PROGRAMS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _____, and ending _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NORTHERN ARIZONA PRIDE ASSOCIATION

Name and title of officer

PENELOPE SCOTT, TREASURER

Employer identification number

86-0974341

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	.....	1b	_____
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	.....	2b	<u>130,520</u>
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	.....	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	.....	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	.....	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Roberta Motter CPA PLLC to enter my PIN 86002 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ **04-29-2016**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

868774 53620
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ **04-29-2016**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Statement of Program Service Accomplishments

2015 PG01

Name(s) as shown on return

NORTHERN ARIZONA PRIDE ASSOCIATION

Your Social Security Number

86-0974341

Form 990EZ-Part III-Line 31

Statement #4

Program Service Expenses \$5090
Grants and allocations included in above expense \$0
Includes Foreign Grants No

Explanation

Other program services

For the calendar year 2015 or fiscal year beginning _____ and ending _____.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name NORTHERN ARIZONA PRIDE ASSOCIATION	Employer Identification Number (EIN) 86-0974341
Business Telephone Number (with area code) 928-213-1900	Address - number and street or PO Box PO BOX 1604 City, Town or Post Office FLAGSTAFF	
	State AZ	ZIP Code 86002
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change A Date Arizona operations began: <u>01-01-2000</u> B Nature of Arizona activities: <u>EDUCATION AND SOCIAL AWARENESS</u> C Federal form filed: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____ Include a copy of the organization's federal return. NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY - D <input type="checkbox"/> NMMD Registry Identification Number: _____ E What type of entity is the dispensary? <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Sole Proprietorship F If the dispensary is an LLC, what is the federal tax classification? <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year. G Federal form filed: <input type="checkbox"/> 1040 <input type="checkbox"/> 1041 <input type="checkbox"/> 1065 <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-S <input type="checkbox"/> Other (specify) _____ H <input type="checkbox"/> Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. Otherwise, include a copy of the dispensary's federal return.		
CHECK BOX IF return filed under extension: <input checked="" type="checkbox"/> 82C 3-month federal <input type="checkbox"/> 82F 6-month Arizona/federal REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <input checked="" type="checkbox"/> 88 <input type="checkbox"/> 81 PM <input type="checkbox"/> 66 RCVD		

Sources of Income

1	Gross sales from business activities	1	00
2	Less cost of goods sold or of operations: Include itemized statement	2	00
3	Gross profit from business activities: Subtract line 2 from line 1	3	00
4	Interest	4	00
5	Dividends	5	00
6	Rents and royalties	6	00
7	Gain or (loss) from sales of assets, excluding inventory items	7	00
8	Dues, assessments, etc., from members	8	00
9	Dues, assessments, etc., from affiliates	9	00
10	Contributions, gifts, grants, etc., received	10	00
11	Other income: Include itemized statement	11	00
12	Total income: Add lines 3 through 11	12	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc	13	00
14	Salaries and wages other than amounts included on line 2	14	00
15	Interest	15	00
16	Taxes	16	00
17	Rent expense	17	00
18	Depreciation: Include schedule	18	00
19	Miscellaneous expenses: Include itemized statement	19	00
20	Total expenses: Add lines 13 through 19	20	00

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6	21	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22	00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23	00

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	00
25	Accumulation of income at beginning of year	25	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27	00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1			
A2 Contributions, gifts, grants, etc., paid	A2			00
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a			00
A3b Other benefits	A3b			00
A4 Dividends and other distributions to members, shareholders, or depositors	A4			00
A5 Other	A5			00
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6			00

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1			
B2 Contributions, gifts, grants, etc., paid	B2			00
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a			00
B3b Other benefits	B3b			00
B4 Dividends and other distributions to members, shareholders, or depositors	B4			00
B5 Other	B5			00
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6			00

SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a)	(b)	
		Beginning of Year	End of Year	
Assets				
C1 Cash		00	C1	00
C2a Accounts receivable	C2a	00		
C2b Less allowance for doubtful accounts	C2b	00		
C2c Line C2a less line C2b. Enter difference in column (b)		00	C2c	00
C3a Other notes and loans receivable: Include schedule	C3a	00		
C3b Less allowance for doubtful accounts	C3b	00		
C3c Line C3a less line C3b. Enter difference in column (b)		00	C3c	00
C4 Inventories		00	C4	00
C5 Investments (securities): Include schedule		00	C5	00
C6 Investments (other): Include schedule		00	C6	00
C7a Land, buildings, and equipment; basis	C7a	00		
C7b Less accumulated depreciation: Include schedule	C7b	00		
C7c Line C7a less line C7b. Enter difference in column (b)		00	C7c	00
C8 Other assets (describe): _____		00	C8	00
C9 Total assets: Add lines C1 through C8		00	C9	00
Liabilities				
C10 Accounts payable and accrued expenses		00	C10	00
C11 Mortgages and other notes payable: Include schedule		00	C11	00
C12 Other liabilities (describe): _____		00	C12	00
C13 Total liabilities: Add lines C10 through C12		00	C13	00
Net Assets				
C14 Capital stock or trust principal		00	C14	00
C15 Paid-in or capital surplus		00	C15	00
C16 Retained earnings or accumulated income		00	C16	00
C17 Total net assets: Add lines C14 through C16		00	C17	00
C18 Total liabilities and net assets: Add lines C13 and C17		00	C18	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) NORTHERN ARIZONA PRIDE ASSOCIATIO	EIN 86-0974341
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Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	<u>PENELOPE SCOTT</u> OFFICER'S SIGNATURE	_____ DATE	<u>TREASURER</u> TITLE
Paid Preparer's Use Only	<u>Roberta Motter CPA</u> PAID PREPARER'S SIGNATURE	_____ DATE	<u>P00090603</u> PAID PREPARER'S PTIN
	<u>Roberta Motter CPA PLLC</u> FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		<u>26-4179475</u> FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	<u>119 E Terrace Ave Suite D</u> FIRM'S STREET ADDRESS		<u>928-774-8078</u> FIRM'S TELEPHONE NUMBER
	<u>Flagstaff</u> CITY	<u>AZ</u> STATE	<u>86001</u> ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153