# Form 990

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

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Pride St. Louis, Inc.

П	Address change	Doing business as		43-133	1630
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number
	Initial return	3738 Chouteau			
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			
X	Amended return	Saint Louis, MO 63110			eipts \$ 263,171.
$\Box$	Application pending	F Name and address of principal officer: Matt Harper	H(a)	Is this a group return	for subordinates? Yes No
	12300 8 27	3738 Chouteau Saint Louis, MO 63110	H(b)	Are all subordina	ates included? Yes No
1 7	ax-exempt status:	X 501(c)(3)	527	If "No," attach a	list. (see instructions)
_	Vebsite:	301(0)(0)	H(c)	Group exemption	n number 🕨
	form of organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Yes	ar of formation: 1982	M Sta	ate of legal domicile: MO
Name and Address of the Owner, where	art I Summa	A corporation Circuit	Service Control of Automotion		
	1 Briefly desc	ribe the organization's mission or most significant activities:			
•	To for	ster understanding and equality for	the LGBTOIA	A commu	nity
Activities & Governance	10 103	cel understanding and equality			
na		DOX ▶ ☐ if the organization discontinued its operations or disposed of mo	re than 25% of its net a	assets	
Ne.	2 Check this b	voting members of the governing body (Part VI, line 1a)	o triair 2070 or no not	3	10
တိ	3 Number of v	oting members of the governing body (Part VI, line 1a)		4	10
•ඊ ග	4 Number of i	ndependent voting members of the governing body (Part VI, line 1b)			0
ţį	5 Total number	er of individuals employed in calendar year 2018 (Part V, line 2a)			100
₹	6 Total number	er of volunteers (estimate if necessary).			0.
Ac	7a Total unrela	ted business revenue from Part VIII, column (C), line 12		7a	0.
	b Net unrelate	ed business taxable income from Form 990-T, line 38			
			Prior Yea		Current Year
	8 Contribution	ns and grants (Part VIII, line 1h)		,094.	25,236.
9	9 Program se	ervice revenue (Part VIII, line 2g)	604	,921.	237,930.
eni	10 Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		6.	5.
Revenue	11 Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
LE.	11 Other reven	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	. 669	,021.	263,171.
300000	12 Total reven	similar amounts paid (Part IX, column (A), lines 1-3)		,769.	77,453.
	13 Grants and	id to or for members (Part IX, column (A), line 4)			
	14 Benefits pa	her compensation, employee benefits (Part IX, column (A), lines 5-10)		1	
S	15 Salaries, ot	al fundraising fees (Part IX, column (A), line 11e)			
us(	16a Professiona				
Expenses	<b>b</b> Total fundr	aising expenses (Part IX, column (D), line 25)	517	,354.	26,232.
ú		nses (Part IX, column (A), lines 11a-11d, 11f-24e)		,123.	103,685.
	18 Total exper	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,898.	159,486.
	19 Revenue le	ess expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
ь	S		044	,268.	470,754.
sets or	20 Total asset	s (Part X, line 16)		,200.	27071021
Net As	21 Total liabilit	ties (Part X, line 26)	211	,268.	470,754.
ě,	22 Net assets	or fund balances. Subtract line 21 from line 20	. 311	,200.	210,103.
F	Part II Signat	ture Block		- best of my	moulodge and helief it is
U	nder penalties of per	idry, I declare that I have examined this return, including accompanying schedules	and statements, and to the	ne best of my k	Glowledge and belief, it is
tr	ue, correct, and com	plete Decidiation of preparer (other than officer) is based on all information of which	ch preparer has any know	vieage.	- 21
	<b>&gt;</b> ///	100		5.3.	21
S	Sign Signatu	ure of officer	U	ate	
		t Harper, President			
•	Type o	r print name and title			- Inthi
_	Pr	int/Type preparer's name Preparer's signature	Date	Check	
	Paid	ZABETH A ISSITT Challetta Sylve	5/3/200		P00633217
	Topa.s.	ha - Line on Domand	, ,	Firm's EIN >8	6-2381767
ı	750 OIII			Phone no.	
		The state of the s		(314)70	3-8379
_	St.	Louis, MO 63114			X Yes 🔲 No
M	ay the IRS discuss	this return with the preparer shown above? (see instructions)			

	90 (2018) Pride St. Louis,			43-1331630 Page 2
Parl	Statement of Program Servi Check if Schedule O contains a respon		II	
	Briefly describe the organization's mission:  To foster understandi:	Miles Mr. Ve		
	10 10ster understandr.	ing and equality	tor the Hobigia com	marra cy
•	Did the second first th	A	vuhish was not listed on the	
	Did the organization undertake any significant prior Form 990 or 990-EZ?			Yes 🗓 No
3	Did the organization cease conducting, or maservices?			
	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) of the total expenses, and revenue, if any, for each of the total expenses of the total expenses.	accomplishments for each of its the reganizations are required to report		
	(Code: ) (Expenses \$ 77, Pride St. Louis utili awareness and foster community. Several evof Pride St. Louis is plan, coordinate and Pride Wee, consisting phenominal success - over 200,000 spectato	zes educational pan understaning an understaning and ents are hosted PrideFest. Sidestage St. Louis' of a parate, rainestival goes to	and tolerance of th throughout the year gnificant efforts a celebration of gay lly and gestival. pped record numbers	to raise e LGBT ,but the heart re expended to and lesbian 2015 was a
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
44	Other program services (Describe in Sched	ule O.)		
	(Expenses \$ including gr		) (Revenue \$	77,851.
4e UYA	Total program service expenses			Form <b>990</b> (2018)

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . X If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. X 11a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more X Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . . . . . X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . . . . . 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . . 13 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . . . . . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a X 20b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . 21 Form 990 (2018)

1381	*		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.800		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				1282
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			S COLUMN
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	20001122		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	10000000		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1000		
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	The second second second		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		E	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c	000	
LIVA		For	n 990	(2018

190 800 000	James Gorial Lanc Compilation (Continuou)	-	V	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		res	NO
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		W.	9054
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ALCOHOL: N	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		25
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	All on		les in
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	MARINE	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, yill	A SUPPLY	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	de pri		
	and services provided to the payor?	7a	\ <u>\</u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		2/2	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4-	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N. 10
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	RAD		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	250 X 150	(State)
• 0	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	100		
2	the organization is licensed to issue qualified health plans		dive	223
C 14 a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14 a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		~>
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	1-717		
10	or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	<b>发生</b> 器	3-15	Yali
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		willing serve
.5	If "Yes," complete Form 4720, Schedule O.			
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response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . X 5 Did the organization have members or stockholders? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? . . . . . . 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? . . . 13 X 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official. X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MO 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ (314) 772-8888 20

Johnson 3738 Chouteau Saint Louis, MO 63110

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Jason

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Form 990 (2018)

Part VII	Compensation of C	Officers, D	Directors,	Trustees,	Key Employees	Highest	Compensated	Employees,	and
	Independent Contr					<u>.</u>	W.		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(1) Matt Harper	Check this box if neither the organization	n nor any reia	ted o	igai			com	ben	Sated any curr	ent officer, direct	or, or trustee.
Condition   Cond	(A)	(B)				00000			(D)	<b>(E)</b>	(E)
Compensation from related organizations below dotted in   Compensation from related organizations below dotted in   Compensation from related organizations below dotted in   Compensation from related organizations   Compensation   Compens			(do n	ot ch			than o	ne			
(ist any   hours for related organizations below dotted line)   (ine)   (ine	Name and Title		M/X 22								amount of
Compensation   Comp		CANADA SAN SAN SAN	The second second		-20-180000				Control of the Contro	processors and the control of the co	other
Company   Comp				_	2012/12/20	T			(85) E.		compensation
Company   Comp		100000000000000000000000000000000000000	divi	Stitu	ffice	ey e	ighe	읅		(W-2/1099-MISC)	
(1) Matt Harper       30.00       X       X         President       30.00       X       X         (2) Marty Zuniga       30.00       X       X         Vice President       X       X         (3) Jason Johnson       30.00       X       X         Treasurer       X       X         (4) Christa Cunningham       30.00       X       X         Treasurer       X       X       X         (5) Todd Alan       20.00       Director       X         (6) Jordan Braxton       20.00       Director       X         (7) Jesse Doggendorf       20.00       Director       X         (8) Dr. Morgan Morris       20.00       X         (9) Brandon Reid       20.00       X         Director       X       X         (10) Sebastian Westfall       20.00       X         (11)       (12)       (13)			dual	tion	"	mpl	st c	욕	(W-2/1099-MISC)	12	200 Maria 100 Ma
(1) Matt Harper       30.00       X       X         President       30.00       X       X         (2) Marty Zuniga       30.00       X       X         Vice President       X       X         (3) Jason Johnson       30.00       X       X         Treasurer       X       X         (4) Christa Cunningham       30.00       X       X         Treasurer       X       X       X         (5) Todd Alan       20.00       Director       X         (6) Jordan Braxton       20.00       Director       X         (7) Jesse Doggendorf       20.00       Director       X         (8) Dr. Morgan Morris       20.00       X         (9) Brandon Reid       20.00       X         Director       X       X         (10) Sebastian Westfall       20.00       X         (11)       (12)       (13)		line)	trus	a t		oyee	ᇘ				organizations
(1) Matt Harper			tee	uste		1	ens				
President				Ō			ated				
President	(1) Matt Harper	30.00									
(2) Marty Zuniga       30.00         Vice President       X         (3) Jason Johnson       30.00         Treasurer       X         (4) Christa Cunningham       30.00         Treasurer       X         (5) Todd Alan       20.00         Director       X         (6) Jordan Braxton       20.00         Director       X         (7) Jesse Doggendorf       20.00         Director       X         (8) Dr. Morgan Morris       20.00         Director       X         (9) Brandon Reid       20.00         Director       X         (10) Sebastian Westfall       20.00         Director       X         (11)       (12)			X		X					3	
Vice President		30.00									
(3) Jason Johnson 30.00 Treasurer X X  (4) Christa Cunningham 30.00 Treasurer X X  (5) Todd Alan 20.00 Director X  (6) Jordan Braxton 20.00 Director X  (7) Jesse Doggendorf 20.00 Director X  (8) Dr. Morgan Morris 20.00 Director X  (9) Brandon Reid 20.00 Director X  (10) Sebastian Westfall 20.00 Director X  (11)  (12)			X		X						
(4) Christa Cunningham       30.00         Treasurer       X         (5) Todd Alan       20.00         Director       X         (6) Jordan Braxton       20.00         Director       X         (7) Jesse Doggendorf       20.00         Director       X         (8) Dr. Morgan Morris       20.00         Director       X         (9) Brandon Reid       20.00         Director       X         (10) Sebastian Westfall       20.00         Director       X         (11)       (12)		30.00									
Treasurer	Treasurer		X		X						
(5) Todd Alan	(4) Christa Cunningham	30.00									
Director	Treasurer		X		X						4-4000-00-00-00-00-00-00-00-00-00-00-00-
(6) Jordan Braxton       20.00         Director       X         (7) Jesse Doggendorf       20.00         Director       X         (8) Dr. Morgan Morris       20.00         Director       X         (9) Brandon Reid       20.00         Director       X         (10) Sebastian Westfall       20.00         Director       X         (11)       (12)	(5) Todd Alan	20.00									
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(7) Jesse Doggendorf       20.00         Director       X         (8) Dr. Morgan Morris       20.00         Director       X         (9) Brandon Reid       20.00         Director       X         (10) Sebastian Westfall       20.00         Director       X         (11)       (12)	(6) Jordan Braxton	20.00			111						
Director	Director		X								
(8) Dr. Morgan Morris       20.00         Director       X         (9) Brandon Reid       20.00         Director       X         (10) Sebastian Westfall       20.00         Director       X         (11)       (12)	(7) Jesse Doggendorf	20.00									
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(10) Sebastian Westfall     20.00       Director     X       (11)     (12)       (13)     (13)		20.00									
Director   X			X		_						1000
(11)       (12)       (13)	The state of the s	20.00									
(12)			X								
(13)	(11)		-								
	(12)										- 1/4 (C - 1/4)
	(13)										and the second second second second
(14)	(14)										

Secti	ion B. Independent Contractors		
1	Complete this table for your five highest compensated in compensation from the organization. Report compensation tax year.	dependent contractors that received more than on for the calendar year ending with or within the	\$100,000 of ne organization's
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but n received more than \$100,000 of compensation from the	not limited to those listed above) who organization▶	Form <b>990</b> (2018
UYA			Form 330 (2018

Form **990** (2018)

Dor		FIIGO DC. III		·			43-	1331630 Page !
Pari	VIII	Statement of Revenu						_
		Check if Schedule O contains	a response or no	te to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ats sta	1a	Federated campaigns	1a				The Control of the Control	
ra Z		EVEN OUR WILL W				The second second		
, G		Fundraising events						
ar /	d							
s, G	e	Government grants (contribution						
Sil	1000	All other contributions, gifts, gi						
buti	,	and similar amounts not include		25,236.				
Ē Ö	0	Noncash contributions include						
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f			25,236.			
	<del>                                     </del>	Totali / Ida iii oo ida ii i i i i		Business Code	AUTO Destates			
ž	22	PrideFest		900099	237,930.	237,930.	61-11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
Še	b	1110101		300033	201,000.	237,330.		
Program Service Revenue	5							
e Z	4	2 <del>-1</del>				<del></del>		
E	۱ °	(Section 1)						
gra	f	All other program service rever	nie –					
F	g	Total. Add lines 2a-2f			237,930.			
	3 4 5	Investment income (including of and other similar amounts) Income from investment of tax Royalties	exempt bond pro	ceeds · · · · Þ	5.			5.
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)					SHE H NIGHT WAS	
	298	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses · · ·						
	c	Gain or (loss)						
	50000	Net gain or (loss)	R 1901 W 1901 W 1901 W 1901		100 000			10 mmor)
4	1000	MARKET S AND AREA COLORES			Company of the State of the Sta			
Other Revenue	8a	Gross income from fundraising	9					
eve		events (not including \$						
S.	1	of contributions reported on lin	e 1c).					
the		See Part IV, line 18	a					
0	b	Less: direct expenses	b					
	С	Net income or (loss) from fund	Iraising events .					
	9a	Gross income from gaming ac	tivities.					
	1	See Part IV, line 19	a					
		Less: direct expenses						The State of the S
	С	Net income or (loss) from gam	ing activities .	<u> </u>				
	10 a	Gross sales of inventory, less						
		returns and allowances	а					
	b	Less: cost of goods sold	k	<u> </u>				
	С	Net income or (loss) from sale	s inventory	<u> </u>				
		Miscellaneous Revenue		Business Code				

263,171. 237,930.

11 a b

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Form 990 (2018) Pride St. Louis, Inc.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations	8	•		
and domestic governments. See Part IV, line 21	Washington Washington	AG 1984 S		
Grants and other assistance to domestic				
individuals. See Part IV, line 22	77,453.	77,453.		
Grants and other assistance to foreign organizations,				
foreign governments, and foreign individuals. See Part IV,				
lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees,				
and key employees				
Compensation not included above, to disqualified persons				
(as defined under section 4958(f)(1)) and persons				
NE 22 500000 15				
Other salaries and wages				
2 22 22 22 22 22 22 22 22 22 22 22 22 2				
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				
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				4273479000
				- (0)
A	235	235		
				NA ARIAMAN TO
5.3			TWO WAY	
	15,270.	ANALYSIS OF THE PROPERTY OF TH	15,270.	
Travel			4,709.	200000
	•			
				- Wester
014 7 THE RESIDENCE OF THE PROPERTY OF THE PRO				
Interest				
Payments to affiliates			A. 200	
Depreciation, depletion, and amortization	5,855.		5,855.	
Insurance				The state of the s
Other expenses. Itemize expenses not covered above				
(List miscellaneous expenses in line 24e. If line 24e amount				
exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O.)				
				- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
				41-34-3
	100 000	77 051	05 034	
	103,685.	11,851.	25,834.	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check				
	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses. Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Costeried in section 4958(p(10)) and persons described in section 4958(p(10)) and persons 4958(p(10)) and	Carats and other assistance to domestic organizations and domestic governments. See Part IVI, line 21.  Grants and other assistance to domestic individuals. See Part IVI, line 22.  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IVI, line 22.  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IVI, line 16 and 16.  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  Fees for services (non-employees):  Management  Legal  Accounting  Lobbying  Professional fundraising services. See Part IV, line 17 Investment management fees  Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion  152. 152.  Office expenses.  11. 11.  Information technology.  Royalties  Occupancy  15,270.  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest.  Payments to affiliates  Depreciation, depletion, and amortization  Insurance.  Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  All other expenses  Total functional expenses. Add lines 1 through 24e  Total functional expenses.	Carb T Vill.  Carats and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  Grants and other assistance do domestic individuals. See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign organizations, and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(11) and persons (as defined under section 4958(f)(11) and persons (as defined under section 4958(f)(3)(8)  Other salaries and wages  Pension plan accrusia and contributions (include section 401(f)) and 403(f)) employer contributions (include section 401(f)) and 403(f) employer contributions (include section 401(f)) and 401(f) employer for section 401(f) employer for serior serior for section 401(f) employer for serior serior for

	Check if Schedule O contains a response or note to any line in this Part X	(A)	İ	(B)
1	Cash non interest hosping	Beginning of year		End of year
2	Cash — non-interest-bearing.	295,675.	1	461,016
	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees,			
	and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
	beneficiary organizations (see instructions).			
	Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D			
١	b Less: accumulated depreciation	13,893.	10c	8,03
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11	1,017	12	II
13	Investments — program-related. See Part IV, line 11	- 110-12-125-125-12	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11.	1,700.	15	1,70
16	Total assets. Add lines 1 through 15 (must equal line 34).	311,268.	16	470,75
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees,			CANADA TO THE STREET
an an	highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	man alimin blim in the
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
20	not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27		20	
	12 VA 1800 A 10 MA 18 MA			
27	through 29, and lines 33 and 34.		27	
27	Unrestricted net assets		27	Additional Services
28	Temporarily restricted net assets		28	The second secon
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	lines 30 through 34.		3.5	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	311,268.	32	470,75
33	Total net assets or fund balances	311,268.	33	470,75
34	Total liabilities and net assets/fund balances	311,268.	34	470,75

2c

3a

X

Form 990 (2018)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O

UYA

## **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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

43-1331630

Department of the Treasury Internal Revenue Service Name of the organization

Pride St.

Employer identification number

Paird Reason for Public Chair						ons.			
The organization is not a private founda		ALLO MARKET MARKET THE SECOND OF THE SECOND	**************************************	· · · · · · · · · · · · · · · · · · ·					
1 A church, convention of church									
2 A school described in section	The same of the sa		The second second second						
4 A medical research organization		onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A	)(iii). Enter the			
hospital's name, city, and state									
5 An organization operated for the section 170(b)(1)(A)(iv). (Com	nplete Part II.)			5		nit described in			
6 A federal, state, or local govern									
7 An organization that normally r described in section 170(b)(1)			ort from a	a governr	nental unit or from t	he general public			
8 A community trust described in	section 170(b)	(1)(A)(vi). (Complete	e Part II.)						
9 An agricultural research organi	zation described	d in section 170(b)(1	)(A)(ix) o	perated in	n conjunction with a	land-grant college			
or university or a non-land-grai	nt college of agr	iculture (see instruction	ons). Ent	er the nar	me, city, and state o	of the college or			
university:	All Control of the Co	A 44	W 1			MAN.			
An organization that normally r receipts from activities related support from gross investment acquired by the organization at	eceives: (1) mo to its exempt fur income and uni fter June 30, 197	re than 33 1/3% of its nctions–subject to cer related business taxal 75. See <b>section 509(</b>	support rtain exce ble incom a)(2). (Co	from conteptions, a ne (less somplete F	tributions, members nd (2) no more than ection 511 tax) from Part III.)	hip fees, and gross 33 1/3% of its businesses			
11 An organization organized and	operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).				
12 An organization organized and	**		N						
one or more publicly supported			35 PERCON 447A		20 100/10 NED	723 (5337) B.			
the box in lines 12a through 12					- 1876 N N N N N N N N N N N N N N N N N N N				
a Type I. A supporting organization									
the supported organization(s)	OUT AND ADDRESS AND THE STANDS AND ADDRESS		ct a majo	ority of the	e directors or trustee	es of the supporting			
organization. You must com									
b Type II. A supporting organiz									
control or management of the			e same p	ersons th	nat control or manaç	ge the supported			
organization(s). You must co	Chillips - Voloniby cold bit in devidor work non								
c 🔲 Type III functionally integra	Devices	_				ly integrated with,			
its supported organization(s)					ACTION TO THE PERSON OF THE PE				
d 🔲 Type III non-functionally in									
that is not functionally integra						an attentiveness			
requirement (see instructions	· · · · · · · · · · · · · · · · · · ·								
e Check this box if the organiza						II, Type III			
functionally integrated, or Typ									
f Enter the number of supported o									
g Provide the following information	1-2100								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
AND THE RESIDENCE OF THE PARTY		- interest and the second							
(A)	BRE SERVE					a comment			
(B)									
(C)	*								
(D)									
(E)									

Schedule A (Form 990 or 990-EZ) 2018	Pride	9+	Louis	Tna

Sched	ule A (Form 990 or 990-EZ) 2018 Pride St.	Louis	Tnc			12_122	31630 Page 2
Par	Support Schedule for Organiz	ations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	43-133	1(vi)
2	(Complete only if you checked the	ne box on lin	e 5. 7. or 8 o	f Part I or if th	ne organizatio	on failed to a	alify under
*	Part III. If the organization fails to	o qualify und	der the tests li	isted below r	lease comple	ete Part III.)	anity drider
Sect	ion A. Public Support			, p	reade compr	oto i dit iii.)	- 00777770
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	3-7	(2)20.0	(6) 2010	(d) 2017	(6) 2010	(I) Iolai
	membership fees received. (Do not	6					
	include any "unusual grants.")						
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		<b>†</b>				
5	The portion of total contributions by					Secretary November	
•	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.						**************************************
Secti	ion B. Total Support					History (18th)	0
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					(5) = 5 : 5	(1)
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources		200				
9	Net income from unrelated business	4					
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	1.1100.01					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization	's first, second	, third, fourth,	or fifth tax yea	r as a section !	501(c)(3)
04	organization, check this box and stop her	e				- 100 K 14 K 14 K 14 K 1	▶ □
	on C. Computation of Public Suppor	rt Percentag	je				
14 15	Public support percentage for 2018 (line 6						<u>%</u>
16a	Public support percentage from 2017 Sch						<u>%</u>
104	33 1/3 % support test-2018. If the organia	zation did not	cneck the box	on line 13, an	d line 14 is 33	1/3 % or more,	check this
b	box and stop here. The organization qual	mes as a pub	about a base	organization .			
IJ	33 1/3 % support test-2017. If the organi	zation did not	check a box o	on line 13 or 16	a, and line 15	is 33 1/3 % or	more,
17a	check this box and stop here. The organia	Zalion qualine	s as a publicly	supported org	anization	401	▶ ⊔
IIa	10% or more and if the organization may	o. II the organ	nzation did not	cneck a box o	n line 13, 16a	or 16b, and II	ne 14 is
	10% or more, and if the organization meet Part VI how the organization meets the "fa	cts the lacts-	anu-circumsta metancec" teet	The organiza	ck this box and	stop here. E	xplain in
	organization	icis-aria-circa	ilistances test	. The organiza	mon quannes a	as a publicly st	ipported
b	10%-facts-and-circumstances test–201	7 If the orga	nization did no	t check a have	on line 12 10-	16h c= 17-	ond line
	15 is 10% or more, and if the organization	meets the "f	acts-and-circu	nstances" test	check this bo	y and stop be	and inte
	Explain in Part VI how the organization me	eets the "facts	-and-circumet	ances" test Th	e organization	v ann <b>eroh ne</b> v ann <b>eroh ne</b>	nuhlick
	supported organization.						
18	Private foundation. If the organization di	d not check a	box on line 13	. 16a 16b 17	a or 17b chec	ck this boy and	see
	instructions						

Schedule A (Form 990 or 990-EZ) 2018 Pride St. Louis, Inc 43-1331630 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 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.") 217,266.277,205 277,919 64,094 25,236.861,720. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 293,889.345,793.470,647.604,921.237,930.1,953,180. organization's tax-exempt purpose . . 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 511,155.622,998.748,566.669,015.263,166.2,814,900. 6 Total. Add lines 1 through 5 . . . . . Amounts included on lines 1, 2, and 3 7a received from disqualified persons . 250 250. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7a and 7b . . . . . . . . . . . . . . . 250 250. Public support. (Subtract line 7c from line 6.) ,814,650. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 6 . . . . . . . . . . . . . 9 511,155.622,998. 748,566.669,015.263,166.2,814,900. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 2 2 4 5 14. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . . Add lines 10a and 10b . . C 2 2 14. 4 5 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2,022 2,022. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 878 878. 13 Total support. (Add lines 9, 10c, 11, 14 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

Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . 15 99.89% 16 Public support percentage from 2017 Schedule A, Part III, line 15. 16 96.28% Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . . 17 17

% 18 Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . . . . . . . % 18 33 1/3 % support test-2018. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 19a

line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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### Part IV **Supporting Organizations**

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			2012
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		4	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			- 3
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ard Colum	100 TO 10
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			- Ca
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
12	Type I or Type II only. Was any added or substituted supported organization part of a class already	Jan 1		
b	designated in the organization's organizing document?	5b		ALC: GREAT
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
С 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	=======================================	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	and the	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	O.L.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	4-70-2	10-3-3
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	JU		Could Y
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		
	supporting organizations)? If "Yes," answer 10b below.	Iva	140,40	No.
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)		990 E	7) 2018

Schedul	e A (Form 990 or 990-EZ) 2018 Pride St. Louis, Inc. 43-13	12TP	30 F	age 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Transie I		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		THE A	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			Marian Marian
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3923		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			9215
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/(see	instru	ctions
				Γ
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			2500
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2	1000	A Ball
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LIVA	Schedule A (Form	1 990 or	990-E	Z) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rganiz	zations must complete S	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	THE STATE OF THE S	
5 Depreciation and depletion	5	333,000	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		- 45
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7  Check here if the current year is the organization's first as a non-functional instructions).	lly inte		
IIVA		Schedule A	(Form 990 or 990-EZ) 20

Remainder. Subtract lines 4a and 4b from 4.

Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

′	and 4c.					
8	Breakdown of line 7:					

(0)	а	Excess	from	2014	•	
A Comme				0045		

ochedule A (F	500 390 -EZ) 2018 PFIGE St. LOUIS, Inc. 43-1331630 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
	Part III line 12: Part IV Socion A lines 1.2 2h 2a 4h 4a 5a 6 0a 0h 0a 44 44 17 17 17 17 17 17 17 17 17 17 17 17 17
	Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B,
	lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	initios 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)
R	
111111111111111111111111111111111111111	

Schedule A (Form 990 or 990-EZ) 2018

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## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspec Internal Revenue Service

Name of the organization

	de St. Louis, Inc.		43-1331630
Part	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	9
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	,	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds are the organization's
	property, subject to the organization's exclusive legal control		CONTROL
6	Did the organization inform all grantees, donors, and donor		
	purposes and not for the benefit of the donor or donor advis		
	private benefit?		
Part			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	PUTCH AND THE THE STATE OF THE	nistorically important land area
	Protection of natural habitat	CONTRACTOR OF THE PROPERTY OF	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	f a conservation easement on the last day
	of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s		
d	Number of conservation easements included in (c) acquire		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred,		
	organization during the tax year ▶	,	
4	Number of states where property subject to conservation ea	asement is located ▶	
5	Does the organization have a written policy regarding the po		olations.
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting		
•		, name in grand and a second control of the	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
art	Organizations Maintaining Collection	s of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS 116 (		
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that descri		enterenta Protagonera bardonyo utahan Panyo utahan 1986 shi barda in 1991
b	If the organization elected, as permitted under SFAS 116 (.		and balance sheet works of art.
J	historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheral	nce of public service, provide the following
	amounts relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical to	reasures or other similar assets for financia	I gain provide the following amounts
2	required to be reported under SFAS 116 (ASC 958) relatin		a gam, provide the following amounts
	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
a			
D	Assets included in Form 990, Part X	90.	Schedule D (Form 990) 2

Schedu	ule D (Form 990) 2018 Pride St.	Louis, Ind	<b>3.</b>				31630 Page 2
Part							
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are	a signif	icant use of its colle	ection items
(6)	(check all that apply):						
а	Public exhibition			n or exchange pro	- T		
b	Scholarly research		e 📙 Oth	er			
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	how they further th	e organization's e	xempt p	ourpose in Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical treas	sures, or other sin	nilar ass	sets to be sold to rai	se funds
Y	rather than to be maintained as part of the o		on?				. Yes No
Part							
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 9	, or re	eported an amo	ount on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for contributions	s or other assets r	not inclu	uded	
	on Form 990, Part X?					* (*) * (*) * (*) * (*) * (*)	. 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amou	nt
C	Beginning balance				1c		
d	Additions during the year				. 1d		
е	Distributions during the year				. 1e		
f	Ending balance				. 1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account I	iability?		. Yes No
b	If "Yes," explain the arrangement in Part XIII				mbresconsectivity (actual)		All the second second
Pari							
511	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 1	0.		
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains, and						
•	losses						
d	Grants or scholarships		A			We 102.50 IL 8112	
	Other expenditures for facilities and			-			
е							
	programs		1	***			
		1					
g	End of year balance	rent war and balance	line 1a column (a	)) hold as:	es pare de	CONTRACTOR OF THE STATE OF THE	
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) neid as.			
a	Board designated or quasi-endowment	, -	_70				
b	Permanent endowment > %						
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sh			ad administration of fo	41		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are neid al	na administered to	orthe		Yes No
	organization by:						
	(i) unrelated organizations						
	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organiz			·		* 6 8 6 8 6 8 8 8 8	. 3b
4	Describe in Part XIII the intended uses of th		wment funds.				
Par	Land, Buildings, and Equi		l F 000	D=# IV 8= - 4	14- 0	Form 000 F	Dort V line 10
	Complete if the organization					- X	2 - W 12 - W 28 - W
	Description of property	(a) Cost or ot	ner basis (b) Cost	t or other basis	200.000	ccumulated	(d) Book value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		47,259.	39,221.	8,038.
е	Other	100000000000000000000000000000000000000			Van States
otal	Add lines to through to (Column (d) must equal F	orm 990 Part X column	(R) line 10c)		8 038

otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, Column (B), line 100.)

Schedule D (Form 990) 2018

(a) Description of security or category	(b) Book value		990, Part X, line 12 thod of valuation:
(including name of security)		Cost or en	d-of-year market value
Financial derivatives			- 100 (S.)
Closely-held equity interests	The state of the s	M 10	
Other(A)			***************************************
(B)			
(C)			- Constitution of the second s
(D)			
(E)			
(F)			
(G)			
(H)		Incomes a sure state	
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII Investments — Program Related.  Complete if the organization answered "Yes" on Form	990 Part IV line	11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	The second secon	thod of valuation:
(4)	(0) 200		d-of-year market value
		W. W.	
			W.S.
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
tui. (Column lb) must equal i omi oco, i artis, oci. (b) into io.)			
Part IX Other Assets.	ı 990, Part IV, line	11d. See Form	990, Part X, line 15
	n 990, Part IV, line	11d. See Form	990, Part X, line 15
Part IX Other Assets.  Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11d. See Form	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" on Form  (a) Description	n 990, Part IV, line	a 11d. See Form	(b) Book value
Complete if the organization answered "Yes" on Form  (a) Description  Deposits	n 990, Part IV, line	a 11d. See Form	(b) Book value
Complete if the organization answered "Yes" on Form  (a) Description  Deposits	n 990, Part IV, line	11d. See Form	
Other Assets.  Complete if the organization answered "Yes" on Form  (a) Description  Deposits	n 990, Part IV, line	e 11d. See Form	(b) Book value
Other Assets.  Complete if the organization answered "Yes" on Form  (a) Description  Deposits	n 990, Part IV, line	e 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Deposits	n 990, Part IV, line	a 11d. See Form	(b) Book value
Complete if the organization answered "Yes" on Form  (a) Description  Deposits	n 990, Part IV, line	a 11d. See Form	(b) Book value
Complete if the organization answered "Yes" on Form  (a) Description  Deposits			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits			(b) Book value 1,70
Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  1) Federal income taxes			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  1) Federal income taxes  2) n/a			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  1) Federal income taxes  2) n/a  3)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  2) n/a  (3)  (4)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) n/a  (3)  (4)  (5)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  2) n/a  (3)  (4)  (5)  (6)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) n/a (3) (4) (5) (6)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) n/a (3) (4) (5) (6) (7) (8)			(b) Book value 1,70
Complete if the organization answered "Yes" on Form  (a) Description  Deposits  tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability (b) Book value  1) Federal income taxes  2) n/a  3)  4)  55  66  77)			(b) Book value 1,70

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rtotarii.	
1	Total revenue, gains, and other support per audited financial statements	1	THE STATE OF THE S
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		Million Processing
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
W. Control	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	or rectarri.	
1	Total expenses and losses per audited financial statements	1 1	m - 18
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Entonia.	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b.	4c	
·	Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.).		
5	XIII Supplemental Information.	1 3 1	

Schedule D (Form 990) 2018 Pride St. Louis, Inc.  Part XIII Supplemental Information (continued)	<b>43-1331630</b> Page 5
* 6	
UYA	Schedule D (Form 990) 2018

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

OMB No. 1545-0047

Inspection

43-1331630

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. General Information on Grants and Assistance Pride St. Louis, Inc. Department of the Treasury Name of the organization Internal Revenue Service

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance? . . . . . . . . . . . .

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Yes X Yes (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (c) IRC section (d) Amount of cash (e) Amount of non- (book, FMV, appraisal, (if applicable) grant cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 3 Enter total number of other organizations listed in the line 1 table (p) EIN (a) Name and address of organization or government Part II 3 3 4 (2) 9 5 8 6  $\Xi$ 

Schedule I (Form 990) (2018)

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

Schedule | (Form 990) (2018) Pride St. Louis, Inc.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 10,685. (c) Amount of cash grant Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Number of recipients  $\infty$ (a) Type of grant or assistance 1Scholarships Part IV Α¥ S 2

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Name of the organization Employer identification number Pride St. Louis, Inc. 43-1331630 Pt IX, Line 11g Operations total \$235, Program Services \$235

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Pride St. Louis, Inc.	43-1331630
Part VI Line 11b	
The form 990 is prepared by the organization's outside a	accountant and
Part VI Line 11b	
the draft is made available to the treasurer of the boar	rd. Questions are
Part VI Line 19 Pride's governing documents, conflict of interest policy	r and
Part VI Line 19	y and
financial statements are available upon request.	
	-

Form 990, 990-EZ or 990-PF Amended Return Statements Worksheet
To amend a Form 990, 990-EZ or 990-PF return, check the Amended Return box on Form 990, 990-EZ or
Form 990-PF. Then enter the line number, description, and the original amount entered (previously filed return) with the amended amount. Add any explanation as necessary.

You cannot file an amended Form 990-N e-Postcard. You can make corrections or update your information when you file your next e-Postcard in a subsequent year.

To amend Form 990-T, write 'Amended Return' at the top of the return and include a statement that includes which lines on the original return that were changed and give the reason for each change.

Line number	Description	Original Amount	Amended Amount
t I line 8	Current year contributions	330.	237,930.
Explanation			
Correcting o	riginal amount entered incorrectly		
		]	
Line number	Description		
I line 12	Currenty year Total revenue	25,571.	263,171.
Explanation			
Corrected ma	th		
-			
Name and the second			
A			
Line number	Description		
I line 19	Current year revenue less expenses	-78,114.	159,486.
Explanation			
corrected ma	th		
**************************************			
Line number	Description		
20 and 22	Current year total assets and net asset	333,155.	470,755.
Explanation			
Corrected da	ta entry entered incorrectly		
	05/03/21 03:30PM		
	,,		

		· · ·	
· · · · · · · · · · · · · · · · · · ·			
Line number	Description		
II line 4a	Revenue	330.	237,930.
Explanation	4		
Corrected da	ta entry entered incorrectly		
E CONTRACTOR			
Line number	Description		
2a and 2b	Total revenue	330.	237,930.
Explanation			
Corrected da	ta entry entered incorrectly		
***************************************			
Line number	Description		
t X line 1	Cash	223,417.	461,017.
Explanation			
Corrected da	ta entry entered incorrectly		
		<del></del>	
<del>.</del>			
Line number	Description		
X line 16	Total Assets	233,155.	470,755.
Explanation	A A A A A A A A A A A A A A A A A A A	BIVE D	William III
-	ta entry entered incorrectly		
Company of the Compan	The second of th		

05/03/21 03:30PM

## Comments for Form 990, Part VI, Line 11b

The Form 990 is prepared by the organization's outside accountant and the draft is made available to the treasurer of the board. Questions are communicated to the outside accountant and changes, if necessary, are made. The 990 is then made available to the entire board of directors prior to filing with the IRS.

### Comments for Form 990, Part VI, Line 19

Pride's governing documents, conflict of interest policy and financial statements are available upon request.