Form- 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2018 calenda	ar year, or tax year beginning , 2018, and ending		, 20	
В	Check if a	pplicable:	C Name of organization D Er	nployer ic	lentification number	
	Address			51-0353166		
H	Name change			elephone r	umber	
H	Initial retu	urn irn/terminated	4306 S MACGREGOR WAY	713)5:	20-8099	
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	roup Exe	emption	
	Application	on pending	HOHOMON MY 77001	lumber I	A VOINT BOOK OF COMMENT	
G	Accoun	ting Method:	☐ Cash X Accrual Other (specify) ► H Chec	k ▶ 🗙	if the organization is not	
	Website		requi		ach Schedule B	
J	Гах-ехег	mpt status (che			0-EZ, or 990-PF).	
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts		
(Pa	ırt II, col	lumn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	68,778.	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst			
		Check if	the organization used Schedule O to respond to any question in this Part I		× (3)	
	1	Contributio	ons, gifts, grants, and similar amounts received	1	4,478.	
	2		ervice revenue including government fees and contracts		4,470.	
	3		ip dues and assessments	3	34,868.	
	4	Investment		4	34,000.	
	5a	Gross amo	unt from sale of assets other than inventory	913		
	b		or other basis and sales expenses			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming an	30			
	а	Gross inco				
ne		\$15,000) .	-			
Revenue	b					
ě			me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the	The Tar		
1.1.			h gross income and contributions exceeds \$15,000) 6b			
	C		t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	+		
		line 6c) .	· · · · · · · · · · · · · · · · · · ·	6d		
	7a	Gross sales	s of inventory, less returns and allowances	ou		
	b		of goods sold			
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8		nue (describe in Schedule O)		20 422	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		29,432.	
	10	Grants and	similar amounts paid (list in Schedule O)	10	68,778.	
	11		iid to or for members	11	5,000.	
S	12		her compensation, and employee benefits		5,000.	
Expenses	13	Professiona	al fees and other payments to independent contractors	13	706	
bei	14	Occupancy	r, rent, utilities, and maintenance	14	725.	
X	15	Printing, pu	iblications, postage, and shipping	15		
	16	Other expe	nses (describe in Schedule O) See. Line 16. Stmt .	16	41 007	
	17	Total expe	nses. Add lines 10 through 16	17	41,297.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	10	21,756.	
SS		end-of-vea	r figure reported on prior year's return)	Ker X 400	260 226	
it A	20		ges in net assets or fund balances (explain in Schedule O)		269,336.	
Š	21				201 202	
	41	iver assets	or fund balances at end of year. Combine lines 18 through 20	21	291,092.	

Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a				
00	Cook positions and investments			(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments			265,436.	22	254,553.
24	Land and buildings	20 1 1 1 1 1			23	
25	Other assets (describe in Schedule O)			3,900.	24	36,539.
26	Total assets			269,336.	25	291,092.
27	Net assets or fund balances (line 27 of column			260 226	26	001 000
Par		nlishments (see th	ne instructions for F	269,336.	27	291,092.
	Check if the organization used Schedule	O to respond to a	ov guestion in this	rart III)		Expenses
Wha		EDUCATIONAL P		Part III	(Req	uired for section
	cribe the organization's program service accompli					c)(3) and 501(c)(4)
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	e services provided	, the number of	other	nizations; optional for 's.)
28	TO PROMOTE LESBIAN, GAY, BISEXUAL AND TO INCREASE NETWORKING AND COMMUNICATED DIVERSE COMMUNITIES TO HOLD AND ATTEND P. (Grants \$ 5,000.) If this amount	ION AMONG PRODE RIDE EVENTS. TO A	ORGANIZATIONS. ACT AS AS SOURCE	TO ENCOURAGE OF EDUCATION.		
29	A 1990 Line 1994 (1994) 1994 1994 1994 1994 1994 1994 1994				28a	5,000.
25						
	(Grants \$) If this amount	includes foreign are	inte check horo		200	
30					29a	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	• 🗇	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	5,000.
32 Par	Total program service expenses (add lines 28a Liv List of Officers, Directors, Trustees, and Key	through 31a) / Employees (list each	one even if not comp	> bensated—see the in	32	5,000.
32 Par	Total program service expenses (add lines 28a	through 31a) / Employees (list each	one even if not comp ny question in this l	▶ pensated—see the in	32 struc	5,000. tions for Part IV)
32 Par	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) / Employees (list each O to respond to an (b) Average	n one even if not comp ny question in this l	pensated—see the in Part IV (d) Health benefits.	32 istruc	tions for Part IV)
32 Par	Total program service expenses (add lines 28a Liv List of Officers, Directors, Trustees, and Key	through 31a) / Employees (list each O to respond to an	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and	32 istruc	tions for Part IV)
Par	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation	pensated—see the incentification of the seed of the incentification of the seed of the see	32 istruc	tions for Part IV)
LIN	Total program service expenses (add lines 28a decision of the control of the cont	through 31a) / Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV. (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 istruc 	tions for Part IV)
LIN CO-	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title DA DEMARCO PRESIDENT	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and	32 istruc 	tions for Part IV)
LIN CO- BRE	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title DA DEMARCO PRESIDENT TT HAYHOE	through 31a) / Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incommendation of the incom	32 estruc	tions for Part IV)
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Part V

Part		s in th	ne	age .
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	T	. X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			×
h		35a		×
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		×
b	Did the organization file Form 1120-POL for this year?			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a	7.6 17.	×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa	33004	_^
39	Section 501(c)(7) organizations. Enter:	-		To a
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	- Karin		e je
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►	i d		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► LINDA DEMARCO Located at ► PO BOX 181074, BOSTON MA ZIP + 4 ► 021		0-80	99
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ▶	140	No.	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.)	
	DIV.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	7	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	434		, ·
	Form 990-EZ. See instructions	45b	4	×

Form **990-EZ** (2018)

						Yes	No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or in oppos	sition	ii . 0	
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	* * * * * * *	. 46	nor	×
Part		s Only					
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complete t	he tables fo	or line	es
	50 and 51.		. so				
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			
47	Did the sussission	27.207				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par				e tax		
40	10.70 10.00		0 100 100 A X X X		. 47		×
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete s	Schedule E	. 48		×
49a	Did the organization make any transfers t	to an exempt non-cha	ritable related organiz	zation?	. 49a		×
50	If "Yes," was the related organization as	ection 527 organization	on?		. 49b		
50	Complete this table for the organization's	s five nignest compens	sated employees (oth	er than officers, direc	tors, trustee	es, an	d key
	employees) who each received more than	T \$100,000 of comper	Tation from the organ		ne, enter "N	one."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred			
NONE				compensation			
					-		
			1100 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
-							
f	Total number of other employees paid ov	rer \$100 000	•	1			
51	Complete this table for the organization			contractors who one	sh received	mara	+600
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."	contractors who eac	ii received	more	lilali
	(a) Name and business address of each independ						
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice (c) Compensation	on	
NONE							
					······································		
d	Total number of other independent contra						
52	Did the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) organ	nizations must attac	h a		
	completed Schedule A	· · · · · · ·					No
Under potrue, cor	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	return, including accompany n officer) is based on all info	ring schedules and stateme rmation of which preparer h	nts, and to the best of my las any knowledge.	knowledge and	belief,	it is
C:				05/15/201	9		
Sign	Signature of officer			Date			
Here	DAVE WAIT, TREASURER						
	Type or print name and title		, ,	1 1			
Paid	Print/Type preparer's name	Preparer's signature	1 lil pe	e 8//9 Check	If PTIN		
Prepa	arer JULIA A. SISKA	× ulti	اسالام الله	self-empl	oyed P0008		7
Use (Only Firm's name ► JULIA A. SISK			Firm's EIN ▶ 7	5-040293	2	
N 4 - 11	Firm's address ► 4306 S MACGREG e IRS discuss this return with the preparer				713) 520-		

REV 12/18/18 PRO

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Continuation Statement

Description	Amount
AGM PROCEEDS	1,716.
FUND DEVELOPMENT	17,716.
LICENSING FEES	10,000.
Total	29,432.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount
BANK AND MERCHANT FEE CHARGES	3,810.
BOARD AND CONFERENCE EXPENSE	20,575.
BOARD DEVELOPMENT	1,377.
COMMUNICATIONS	646.
INSURANCE	474.
POSTAGE & SHIPPING	39.
OFFICE SUPPLIES	224.
DISPOSITION OF INTERNET DOMAIN PROPERTY	3,900.
MEMBERSHIP SERVICES	10,252.
Total	41,297.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INTERPRIDE 51-0353166 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Par		ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	rage Z
	(Complete only if you checked the	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gu	alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	•
	ion A. Public Support						
	ndar 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.")						
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						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
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						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(soo instruction	200				
13	First five years. If the Form 990 is for the	e organization	ons) O's first secon		or fifth tay w	12	- F01/-\/0\
33.5	organization, check this box and stop her	re		d, tillid, louitil	, or militax y	ear as a secuo	on 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentag	e				· · · · ·
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch	edule A, Part	II, line 14 .			15	0/0
16a	331/3% support test—2018. If the organi	zation did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	check this
L	box and stop here. The organization qual	ifies as a publ	icly supported	organization			▶ □
b	331/3% support test—2017. If the organization	zation did not qualifies as a ¡	check a box o publicly suppo	n line 13 or 16 rted organizati	a, and line 15 on	is 33 ¹ / ₃ % or m	ore, check
17a	10%-facts-and-circumstances test-20	18. If the orga	anization did n	ot check a box	x on line 13. 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						
b	10%-facts-and-circumstances test—20	117. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza Explain in Part VI how the organization m	neets the "fact	e Tacts-and-d	circumstances'	test, check t	this box and s	stop here.
	supported organization					on qualifies as	a publicly
18	Private foundation. If the organization did	d not check a l	box on line 13.	. 16a, 16b, 17a	. or 17b. chec	k this box and	see
	instructions				,, 5,,100	DON WIN	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

	ion A. Public Support						
Caler	ndar 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				,,	(5) 2010	(i) iotai
	received. (Do not include any "unusual grants.")	67,828.	74,194.	49,509.	86,674.	34,868.	313,073.
2	Gross receipts from admissions, merchandise		,		00/0/11	31/000.	313,073.
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	311.	280.	2,411.	73.	0.	3,075.
3	Gross receipts from activities that are not an						3,073.
	unrelated trade or business under section 513	9,704.	2,459.	7,418.	5,500.	29,432.	54,513.
4	Tax revenues levied for the			'	,		01/010.
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			100 110 110 110 110 110 110 110 110 110			-
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	77,843.	76,933.	59,338.	92,247.	64,300.	370,661.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Coati	on B. Total Support						370,661.
		(-) 00d 4	#1.004 <i>E</i>	() 2010			
9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a		77,843.	76,933.	59,338.	92,247.	64,300.	370,661.
IUa	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0 265		2 000	05 600		
b	Unrelated business taxable income (less	8,265.		3,890.	25,630.	4,478.	42,263.
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	8,265.		2 000	25 620	4 470	10.000
11	Net income from unrelated business	0,203.		3,890.	25,630.	4,478.	42,263.
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	86,108.	76,933.	63,228.	117,877.	68.778	412,924.
14	First five years. If the Form 990 is for the	ne organization'	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					
	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	89.76 %
16	Public support percentage from 2017 Sch	nedule A, Part II	II, line 15 .	<u> </u>		16	89.3 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (line 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	10.24 %
18	Investment income percentage from 2017	Schedule A, P	art III, line 17			18	10.7 %
19a	331/3% support tests—2018. If the organi	zation did not	check the box	on line 14, an	d line 15 is mo	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and stop here.	rne organizatio	n qualifies as a	publicly suppo	rted organization	on . ▶ 🗵
b	331/3% support tests—2017. If the organiz	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
00	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	d not check a b	ox on line 14	19a, or 19b c	heck this how	and see instruc	etions -

Part IV 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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 organization made the determination.
- 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.
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).
- B 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).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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 supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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10	b		

Part	Supporting Organizations (continued)			Page 5
•	- Province of Samuel Continuous		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, EL .	103	140
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		1
b	A family member of a person described in (a) above?	11b		
С	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		1.5	
	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.			8.7
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	96		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
200ti		2		
secu	on C. Type II Supporting Organizations			
1	More a majority of the average that I all the	77 / P. T.	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 42		
	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			ŤV.
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
3661	on B. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	位于35 2.18	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			94
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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	10,747.38	253	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			3/2
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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		1.6.11	
	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			
	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	100 mg		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	Unit 2 / 100	
3	Parent of Supported Organizations. Answer (a) and (b) below.		7. 1	el ar
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- X - 17		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	and a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	de la	2,5	-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sectio	ns A through E.
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		
5 Depreciation and depletion	5		
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	Control of the CAU Company of the Cauchy Court Foods	
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		To the	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		
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	lv int	egrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Sect	ion D—Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets	11					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6		M				
10	Line 8 amount divided by line 9 amount						
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017			TO THE KIND OF THE			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2018 distributable amount						
<u>i</u> _	Carryover from 2013 not applied (see instructions)			经验的 基础的			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	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.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

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, 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.)

SCHEDULE O (Form 990 or 990-EZ)

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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERPRIDE

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

Open to Public Inspection Employer identification number

51-0353166

Pt V, Line 44d: APPLICATIONS ARE ACCEPTED FROM INDIVIDUALS REQUESTING GRANTS	
AND ASSISTANCE FOR THE PURPOSE OF ATTENDING THE INTERNATIONAL CONFERENCE. EVERY	
ATTEMPT IS MADE TO DISTRIBUTE FUNDS IN AN EQUITABLE MANNER IN AN ATTEMPT TO ENSURE	
APPLICANTS ATTENDANCE AT THE CONFERENCE.	
Pt I, Line 8:	
Description: AGM PROCEEDS \$1,716	
Description: FUND DEVELOPMENT \$17,716	
Description: LICENSING FEES \$10,000	
Pt I, Line 16:	
Description: BANK AND MERCHANT FEE CHARGES \$3,810	
Description: BOARD AND CONFERENCE EXPENSE \$20,575	
Description: BOARD DEVELOPMENT \$1,377	
Description: COMMUNICATIONS \$646	
Description: INSURANCE \$474	
Description: POSTAGE & SHIPPING \$39	
Description: OFFICE SUPPLIES \$224	
Description: DISPOSITION OF INTERNET DOMAIN PROPERTY \$3,900	
Description: MEMBERSHIP SERVICES \$10,252	
Pt II, Line 24:	
Description: INTERNET DOMAIN PROPERTY Beginning of Year: \$3,900 End of Year: \$0	
Description: ACCOUNTS RECEIVABLE Beginning of Year: 0 End of Year: \$36,539	