| Form                    | 99   |  |                           |              | OMB No. 1545-0047            |  |  |  |  |  |  |  |
|-------------------------|--|--|---------------------------|--------------|------------------------------|--|--|--|--|--|--|--|
|                         |  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc   |                           | ns)          |                              |  |  |  |  |  |  |  |
|                         |  | the Treasury<br>→ Do not enter social security numbers on this form as it may be<br>→ Go to www.irs.gov/Form990 for instructions and the latest in |                           |              | Open to Public<br>Inspection |  |  |  |  |  |  |  |
|                         |  | 2017 calendar year, or tax year beginning 09-01 , 2017, and  | ending (                  | 8-31         | ,2018                        |  |  |  |  |  |  |  |
| BC                      | heck if a  | applicable: C Name of organization PRIDE HOUSTON INC   |                           | DE           | mployer identification no.   |  |  |  |  |  |  |  |
| A                       | ddress (   | change Doing business as   |                           | 76-          | -0360374                     |  |  |  |  |  |  |  |
|                         | ame chi  | ange Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite                | E Te         | elephone number              |  |  |  |  |  |  |  |
|                         | itial retu   | m PO BOX 541713  |                           |              | )                            |  |  |  |  |  |  |  |
| E Fi                    | inal retu  | rn/terminated City or town, state or province, country, and ZIP or foreign postal code   |                           | GG           | ross receipts                |  |  |  |  |  |  |  |
| □ A                     | mended   | HOUSTON, TX 77254-1713   |                           | S            | 654,414                      |  |  |  |  |  |  |  |
|                         | pplicatio  | on pending F Name and address of principal officer:  | H(a) Is this a group retu | n for subor  | rdinates? Yes X No           |  |  |  |  |  |  |  |
|                         |  | SAME AS C ABOVE  | H(b) Are all subordin     | ates inclu   | ided? Yes No                 |  |  |  |  |  |  |  |
| ГТ                      | ax-exen  | npt status: 🛛 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527  | If "No," atta             | ch a list. ( | see instructions)            |  |  |  |  |  |  |  |
| JW                      | lebsite:   |  | H(c) Group exempt         | ion numb     | er 🕨                         |  |  |  |  |  |  |  |
| K F                     | orm of o   | rganization. Corporation Trust Association Other > L Year of formation:  | 1991 M State of I         | egal dom     | icile: TX                    |  |  |  |  |  |  |  |
| Par                     | tl   | Summary  |                           |              |                              |  |  |  |  |  |  |  |
|                         | 1  | Briefly describe the organization's mission or most significant activities: PRIDE HOUSTON  | SHALL WORK TO             | BRIN         | G LESBIANS,                  |  |  |  |  |  |  |  |
|                         |  | GAY MEN, BISEXUALS, TRANSGENDERED INDIVIDUALS AND ALLIES TOGETHER TO EDUCATE THE W   |                           |              |                              |  |  |  |  |  |  |  |
| nce                     | ISSUES IMPORTANT TO THE LGBTQ COMMUNITY, COMMEMORATE OUR HISTORY AND HERITAGE, |  |                           |              |                              |  |  |  |  |  |  |  |
| Activities & Governance |  | OUR CULTURE AND STRIVE FOR EQUALITY.   |                           |              |                              |  |  |  |  |  |  |  |
| OVE                     | 2  | Check this box ► [] if the organization discontinued its operations or disposed of more than 25%   | 6 of its net assets.      |              |                              |  |  |  |  |  |  |  |
| C                       | 3  | Number of voting members of the governing body (Part VI, line 1a)  |                           | 3            | :                            |  |  |  |  |  |  |  |
| Se                      | 4  | Number of independent voting members of the governing body (Part VI, line 1b)  |                           | 4            | :                            |  |  |  |  |  |  |  |
| vitie                   | 5  | Total number of individuals employed in calendar year 2017 (Part V, line 2a)   |                           | 5            | (                            |  |  |  |  |  |  |  |
| Acti                    | 6  | Total number of volunteers (estimate if necessary)   |                           | 6            | 500                          |  |  |  |  |  |  |  |
| 4                       | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12   | 7                         | a            | (                            |  |  |  |  |  |  |  |
|                         | b  | Net unrelated business taxable income from Form 990-T, line 34   |                           | b            | (                            |  |  |  |  |  |  |  |
|                         |  |  | Prior Year                |              | Current Year                 |  |  |  |  |  |  |  |
|                         | 8  | Contributions and grants (Part VIII, line 1h)  | 51,2                      | 15           | 2,852                        |  |  |  |  |  |  |  |
| ene                     | 9  | Program service revenue (Part VIII, line 2g)   | 539,3                     | 34           | 651,546                      |  |  |  |  |  |  |  |
| Revenue                 | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                           | 12           | 16                           |  |  |  |  |  |  |  |
| Re                      | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           |              | (                            |  |  |  |  |  |  |  |
|                         | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 590,5                     | 61           | 654,414                      |  |  |  |  |  |  |  |
|                         | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | 00           | 950                          |  |  |  |  |  |  |  |
|                         | 14   | Benefits paid to or for members (Part IX, column (A), line 4)  |                           |              | (                            |  |  |  |  |  |  |  |
| 10                      | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                           |              | (                            |  |  |  |  |  |  |  |
| see                     | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)  |                           |              | 36,950                       |  |  |  |  |  |  |  |
| Expenses                |  | Total fundraising expenses (Part IX, column (D), line 25) > 36, 950  |                           |              |                              |  |  |  |  |  |  |  |
| Ě                       | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 471,0                     | 25           | 507,971                      |  |  |  |  |  |  |  |

| Sign<br>Here | Type or print name and tit | itle                |                       |                |                            | 07/15/19<br>Date  |
|--------------|----------------------------|---------------------|-----------------------|----------------|----------------------------|-------------------|
|              | Print/Type preparer's name | EA                  | Preparer's signature  | ate<br>7-15-19 | Check X i<br>self-employed | PTIN<br>P00540765 |
| Preparer F   | irm's name                 | Coleman             | Tax Service LLC       |                | rm's EIN 🕨                 |                   |
| Use Only     | irm's address 🕨            | PO Box 1<br>Houston | 8013<br>TX 77206-8013 | Pł             | ione no.                   |                   |

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Total assets (Part X, line 16) . .

Signature Block

Total liabilities (Part X, line 26) . .

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12 . . . . . . .

Net assets or fund balances. Subtract line 21 from line 20

. . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

18

19

20

21

22

Part II

Net Assets or Fund Balances

2,852 651,546 16 0

654,414 950 0 0 36,950

545,871

108,543

234,339

(40,900)

275,239

End of Year

473,625

116,936

138,906

(30,706)

169,612

**Beginning of Current Year** 

| Form           | 1 990 (2017) PRIDE HOUSTON INC 76-0360374 Pag  | je <b>2</b> |
|----------------|--|-------------|
|                | rt III Statement of Program Service Accomplishments  |             |
|                | Check if Schedule O contains a response or note to any line in this Part III   |             |
| 1              | Briefly describe the organization's mission:   |             |
|                | PRIDE HOUSTON SHALL WORK TO BRING LESBIANS, GAY MEN, BISEXUALS, TRANSGENDERED INDIVIDUALS AND                                  |             |
|                | ALLIES TOGETHER TO EDUCATE THE WORLD ON ISSUES IMPORTANT TO THE LGBTQ COMMUNITY, COMMEMORATE                                   |             |
|                | OUR HISTORY AND HERITAGE, CELEBRATE OUR CULTURE AND STRIVE FOR EQUALITY.   |             |
|                |  |             |
| 2              | Did the organization undertake any significant program services during the year which were not listed on the                   |             |
|                | prior Form 990 or 990-EZ?  |             |
|                | If "Yes," describe these new services on Schedule O.   |             |
| 3              | Did the organization cease conducting, or make significant changes in how it conducts, any program                             |             |
|                | services?  |             |
|                | If "Yes," describe these changes on Schedule O.  |             |
| 4              | Describe the organization's program service accomplishments for each of its three largest program services, as measured by     |             |
|                | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |             |
|                | the total expenses, and revenue, if any, for each program service reported.  |             |
| 4a             | (Code: ) (Expenses \$ 466,951 including grants of \$ ) (Revenue \$ 651,546)  |             |
| <del>4</del> α | PRIDE HOUSTON FACILITATES THE HOUSTON GAY PRIDE FESTIVAL AND PARADE THAT COMMEMORATES THE                                      |             |
|                | 1969 STONEWALL RIOTS IN NEW YORK CITY. JUNE 2018 WAS THE 40TH ANNUAL EVENT AND WAS LOCATED IN                                  |             |
|                | DOWNTOWN HOUSTON. IT INCLUDES THE DAYTIME FESTIVAL AND CULMINATES WITH THE LARGEST IN THE                                      |             |
|                | SOUTHWEST NIGHT TIME PRIDE PARADE. APPROXIMATELY 750,000 PEOPLE ATTENDED THE EVENT. IT TOOK                                    |             |
|                | 500 VOLUNTEERS WHO DEVOTED 15,500 HOURS TO ORGANIZE AND RUN THE EVENT.   |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
| 4b             | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |             |
|                |  |             |
|                |  |             |
|                |  | -           |
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|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
| 4c             | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |
| 70             |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
|                |  |             |
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|                |  |             |
|                |  |             |
| 4d             | Other program services (Describe in Schedule O.)   |             |
|                | (Expenses \$ including grants of \$ ) (Revenue \$ )  |             |
| 4e             | Total program service expenses  466,951  |             |
| EEA            | Form <b>990</b> (20  | )17)        |

| Forr | n 990 (2017) PRIDE HOUSTON INC 76-03603  | 374  | P             | 2 age |
|------|--|------|---------------|-------|
| Pa   | Int IV Checklist of Required Schedules   |      | 1             | 1     |
|      |  |      | Yes           | No    |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |      | v             |       |
| 2    | complete Schedule A  | 1    | X<br>X        |       |
| 2    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | -    |               |       |
| Ū    | candidates for public office? If "Yes," complete Schedule C, Part I  | 3    |               | Х     |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  |      |               |       |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4    |               | Х     |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |      |               |       |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |      |               |       |
|      | Part III   | 5    |               |       |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |      |               |       |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |      |               |       |
|      | "Yes," complete Schedule D, Part I   | 6    |               | Х     |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |      |               |       |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7    |               | Х     |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |      |               | 3.7   |
| -    | complete Schedule D, Part III  | 8    |               | Х     |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |      |               |       |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |      |               | v     |
| 40   | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9    |               | Х     |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted<br>endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10   |               | Х     |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   | 10   |               |       |
|      | VII, VIII, IX, or X as applicable.   |      |               |       |
| a    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |      |               |       |
|      | complete Schedule D, Part VI.  | 11a  | x             |       |
| b    | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more   |      |               |       |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |               | Х     |
| c    | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more  |      |               |       |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c  |               | Х     |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   |      |               |       |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  | X             |       |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  |               | Х     |
| f    | 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   | 11f  |               | Х     |
| 12a  |  |      |               |       |
|      | Schedule D, Parts XI and XII   | 12a  |               | Х     |
| b    |  | 4.00 |               | 37    |
| 40   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |               | X     |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   | 13   |               | X     |
| 14a  |  | 14a  |               | Х     |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,<br>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   | 14b  |               | Х     |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  |      |               | - 21  |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |               | Х     |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |      |               |       |
| -    | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |               | Х     |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |      |               |       |
|      | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17   | x             |       |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |      |               |       |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   |               | Х     |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |      |               |       |
|      | If "Yes," complete Schedule G, Part III  | 19   |               | Х     |
| EEA  |  | Form | 9 <b>90</b> ( | 2017) |

|        | 990 (2017) PRIDE HOUSTON INC 76-03603  | 374  | F   | Page 4   |
|--------|--|------|-----|----------|
| Pa     | rt IV Checklist of Required Schedules (continued)  |      |     |          |
|        |  | [    | Yes | No       |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a  |     | X        |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?     | 20b  |     | <u> </u> |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |      |     |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21   |     | X        |
| 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   |     | Х        |
| 24a    | 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  |     | Х        |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b  |     |          |
| с      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |      |     |          |
|        | 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  |     |          |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     |      |     |          |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a  |     | Х        |
| 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  |     | Х        |
| 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                |      |     |          |
|        | disqualified persons? If "Yes," complete Schedule L, Part II   | 26   |     | х        |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         | 20   |     | - 25     |
| 21     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |      |     |          |
|        | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27   |     | х        |
| 20     |  | 21   |     |          |
| 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):                              | 200  |     | v        |
| a<br>L | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a  |     | Х        |
| b      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           | 0.01 |     | 37       |
|        | Schedule L, Part IV  | 28b  |     | X        |
| С      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |      |     | 37       |
|        | 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? <i>If "Yes," complete Schedule M</i>  | 29   |     | Х        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |     |          |
|        | conservation contributions? If "Yes," complete Schedule M  | 30   |     | Х        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |      |     |          |
|        | Part I   | 31   |     | Х        |
| 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   |     | Х        |
| 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   |     | Х        |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a  |     | Х        |
| 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  |     | Х        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |      |     |          |
|        | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36   |     | Х        |
| 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   |     | Х        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       |      |     |          |
|        | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38   | x   |          |
| EEA    | ··· · · · · · · · · · · · · · · · · ·  |      |     | 2017)    |

|     | 990 (2017) PRIDE HOUSTON INC   | 76-0360374       | P   | Page 5   |
|-----|--|------------------|-----|----------|
| Par | 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   | <u></u>          |     |          |
|     |  |                  | Yes | No       |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 0                |     |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   | 0                |     |          |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and                                   |                  |     |          |
|     | reportable gaming (gambling) winnings to prize winners?  | <b>1</b> c       | Х   |          |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |                  |     |          |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a                                   | 0                |     |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b               | Х   |          |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                   |                  |     |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a               |     | Х        |
| 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               |     |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                  |                  |     |          |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                     |                  |     |          |
|     | account)?  |                  |     | Х        |
| b   | If "Yes," enter the name of the foreign country:   |                  |     |          |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts                        |                  |     |          |
|     | (FBAR).  |                  |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | <b>5</b> a       |     | Х        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   |                  |     | Х        |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5</b> c       |     |          |
| 6a  | 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).  |                  |     |          |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |                  |     |          |
|     | and services provided to the payor?  | 7a               |     | Х        |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | <b>7</b> b       |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |                  |     |          |
|     | required to file Form 8282?  |                  |     | Х        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |                  |     |          |
| е   |  | <b>7</b> e       |     | Х        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       |                  |     | Х        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ        |                  |     | Х        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h               |     | Х        |
| 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                |     | Х        |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                  |     |          |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   |                  |     | Х        |
| b   |  | 9b               |     | Х        |
| 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 10b                                    |                  |     |          |
| 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   |                  |     |          |
|     | against amounts due or received from them.)  |                  |     |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a              |     | <b> </b> |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |                  |     |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                  |     |          |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | <mark>13a</mark> |     |          |
|     | 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                                       |                  |     |          |
|     | the organization is licensed to issue qualified health plans   |                  |     |          |
| С   | Enter the amount of reserves on hand   |                  |     | _        |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   |                  |     | Х        |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0                          | 14b              |     |          |

| Form | 990 (2017) PRIDE HOUSTON INC 76-036   | )374    | F    | Page 6  |
|------|---|---------|------|---------|
| Pa   | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for                            | ra "No" |      |         |
|      | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction             | ons.    |      |         |
|      | Check if Schedule O contains a response or note to any line in this Part VI   |         |      | . X     |
| Sec  | ion A. Governing Body and Management  |         |      |         |
|      |   |         | Yes  | No      |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year   | 3       |      |         |
|      | 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.   |         |      |         |
| b    | Enter the number of voting members included in line 1a, above, who are independent  | 3       |      |         |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |         |      |         |
|      | any other officer, director, trustee, or key employee?  | . 2     |      | Х       |
| 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?                          | . 3     |      | Х       |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | . 4     |      | Х       |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | . 5     |      | Х       |
| 6    | Did the organization have members or stockholders?  | . 6     |      | Х       |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |         |      |         |
|      | one or more members of the governing body?  | . 7a    |      | Х       |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |         |      |         |
| _    | stockholders, or persons other than the governing body?   | . 7b    |      | X       |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |         |      |         |
|      | the year by the following:  |         | 37   |         |
| a    | The governing body?   | . 8a    | X    |         |
| b    | Each committee with authority to act on behalf of the governing body?   | . 8b    | X    |         |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |         |      | v       |
| 800  | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | . 9     |      | X       |
| 000  | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                     |         | N    |         |
| 10a  | Did the organization have local chapters, branches, or affiliates?  | . 10a   | Yes  | No<br>X |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      | . 10a   |      | Λ       |
| b    | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | . 10b   |      |         |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | . 11a   | x    |         |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       | . 11a   | - 23 |         |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13   | . 12a   | x    |         |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . 12u   | X    |         |
| c    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |         |      |         |
| Ū    | describe in Schedule O how this was done  | . 12c   | x    |         |
| 13   | Did the organization have a written whistleblower policy?   |         | X    |         |
| 14   | Did the organization have a written document retention and destruction policy?  |         | X    |         |
| 15   | 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?                       |         |      |         |
| а    | The organization's CEO, Executive Director, or top management official  | . 15a   |      | Х       |
| b    | Other officers or key employees of the organization   |         |      | Х       |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |      |         |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |         |      |         |
|      | with a taxable entity during the year?  | . 16a   |      | Х       |
| b    | 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                       |         |      |         |
|      | organization's exempt status with respect to such arrangements?   | . 16b   |      |         |
| Sec  | ion C. Disclosure   |         |      |         |
| 17   | List the states with which a copy of this Form 990 is required to be filed  |         |      |         |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 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.                                       |         |      |         |
|      | 🛛 Own website 🗌 Another's website 🔀 Upon request 🗌 Other (explain in Schedule O)  |         |      |         |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |         |      |         |

| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p |
|----|---|
|    | financial statements available to the public during the tax year.   |

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

| Form 990 (20 | 17) PRIDE HOUSTON INC  | 76-0360374               | Page 7  |
|--------------|--|--------------------------|---------|
| Part VII     | Compensation of Officers, Directors, Trustees, Key Employees, Highe                                  | est Compensated Employee | s, and  |
|              | Independent Contractors  |                          |         |
|              | Check if Schedule O contains a response or note to any line in this Part VII                         |                          | <u></u> |
| 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 y | with or within the       |         |

le 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.

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

|                            |   |                                   | 01130                 |         | C)           | curre                           |        |   |   |  |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
|                            |   |                                   |                       |         | ition        |                                 |        |   |   |  |
| (A)<br>Name and Title      | (B)   |                                   |                       |         |              | nan one                         |        | (D)                                       | (E)   | (F)<br>Estimated   |
| Name and Trite             | Average<br>hours per<br>week (list any<br>hours for | office                            | er and                |         |              | s both ar<br>/trustee)          |        | Reportable<br>compensation<br>from<br>the | Reportable<br>compensation from<br>related<br>organizations | amount of<br>other<br>compensation                       |
|                            | related<br>organizations<br>below dotted<br>line)   | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |   | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) DANIEL CATO            | 20.00   |                                   |                       |         |              |                                 |        |   |   |  |
| MARKETING DIRECTOR         |   | Х                                 |                       |         |              |                                 |        |   | 0 0   | 0  |
| (2) THASIA MADISON         | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| OUTREACH DIRECTOR          |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (3) RADU BARBUCEANU        | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| PR DIRECTOR                |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (4) JILL MARIE MAXWELL     | 20.00   |                                   |                       |         |              |                                 |        |   |   |  |
| FUNDRAISING DIRECTOR       |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (5) GREG GRIFFIN           | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| GRAND MARSHALL DIRECTOR    |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (6) KENDRA WALKER          | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| SPECIAL EVENTS CO DIRECTOR |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (7) BRUCE REEVES           | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| SPECIAL EVENTS CO DIRECTOR |   | Х                                 |                       |         |              |                                 |        |   | 0   | 0  |
| (8) MONTE BACHUS           | 10.00   |                                   |                       |         |              |                                 |        |   |   |  |
| CELEBRATION DIRECTOR       |   | Х                                 |                       |         |              |                                 |        | (   | 0 0   | 0  |
| (9) LORIN ROBERTS          | 30.00   |                                   |                       |         |              |                                 |        |   |   |  |
| PRESIDENT                  |   |                                   |                       | Χ       |              |                                 |        |   | 0 0   | 0  |
| (10) JEREMEY FAIN          | 20.00   |                                   |                       |         |              |                                 |        |   |   |  |
| SECRETARY                  |   |                                   |                       | Χ       |              |                                 |        | (   | 0 0   | 0  |
| (11) DUSTIN SHEFFIELD      | 20.00   |                                   |                       |         |              |                                 |        |   |   |  |
| TREASURER                  |   |                                   |                       | Χ       |              |                                 |        | (   | 0 0   | 0  |
| (12)                       |   |                                   |                       |         |              |                                 |        |   |   |  |
| (13)                       |   |                                   |                       |         |              |                                 |        |   |   |  |
| (14)                       |   |                                   |                       |         |              |                                 |        |   |   |  |
|                            |   |                                   |                       |         |              |                                 |        |   |   | <u> </u>   |

|             | 00 (2017) PRIDE HOUSTON INC  |  |   |                       |         |              |                                 |         |   | 76-0360   | 374 | P   | age <b>8</b> |
|-------------|--|--|---|-----------------------|---------|--------------|---------------------------------|---------|---|---|-----|---|--------------|
| Part        | VII Section A. Officers, Directors, Trustees   | , Key Emplo  | yees,   | and                   | Hig     | hes          | st Com                          | npen    | sated Employee                            | s (continued)                                     |     |   |              |
|             | (A)<br>Name and title  |  | (B) (do not check more than one<br>hours per week (list any |                       |         |              |                                 |         | (D)<br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation from<br>related |     | (F)<br>stimated<br>mount of<br>other                            |              |
|             |  | hours for<br>related<br>organizations<br>below dotted<br>line) | or director   | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former  | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)                  | or  | npensatio<br>from the<br>ganization<br>nd related<br>ganization | n<br>1       |
| <u>(15)</u> |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
| (16)        |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
| (17)        |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
| (18)        |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
| (25)        |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
| 1b<br>c     | Sub-total  |  | ••••  | •••                   | •••     | · ·          | ••••                            | ►<br>►  |   |   |     |   |              |
| d<br>2      | Total (add lines 1b and 1c)            Total number of individuals (including but not limited)                       |  |   |                       |         |              |                                 |         | than \$100,000 of                         |   |     |   | 0            |
| -           | reportable compensation from the organization  |  |   | vc) (                 |         | 100          | civear                          | more    |   | 0   |     |   |              |
| 3           | Did the organization list any former officer, directo  | r, or trustee,   | key en  | nplo                  | yee     | , or l       | highes                          | st cor  | npensated                                 |   |     | Yes   | No           |
| 4           | employee on line 1a? <i>If "Yes," complete Schedule</i><br>For any individual listed on line 1a, is the sum of rep   |  |   |                       |         |              |                                 |         |   |   | 3   |   | Χ            |
|             | organization and related organizations greater than individual   |  |   |                       |         |              |                                 |         |   |   | 4   |   | Х            |
| 5           | Did any person listed on line 1a receive or accrue or<br>for services rendered to the organization? <i>If "Yes,"</i> | ompensation  | from ar   | ny ur                 | nrela   | ated         | l organ                         | nizatio | on or individual                          |   | 5   |   | X            |
| Secti       | on B. Independent Contractors  |  |   |                       | 0. 0.   |              | <i>p</i> 0.001                  |         |   |   |     |   |              |
| 1           | Complete this table for your five highest compensate compensation from the organization. Report compensation year.   |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             | (A)<br>Name and business address   |  |   |                       |         |              |                                 |         | (B) Description of                        | services  | Com | (C)<br>pensatior  | 1            |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |
|             |  |  |   |                       |         |              |                                 |         |   |   |     |   |              |

| 2 | Total number of independent contractors (including but not limited to those listed above) who |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   | received more than \$100,000 of compensation from the organization                            |  |  |  |  |  |  |

| Form 99   | 90 (20 | 017) PRIDE HO                     | USTON IN       | IC      |                        |                      |  | 76-03603                                | 74 Page 9  |
|---|--------|-----------------------------------|----------------|---------|------------------------|----------------------|--|---|--|
| Part  | VIII   | Statement of Revenu               | le             |         |                        |                      |  |   |  |
|   |        | Check if Schedule O contair       | ns a respons   | e or no | ote to any line in thi | s Part VIII          |  |   | [  |
|   |        |                                   |                |         | ,                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a     | Federated campaigns               |                | 1a      |                        |                      |  |   |  |
|   | b      | Membership dues                   |                | 1b      |                        |                      |  |   |  |
|   | с      |                                   |                | 1c      |                        |                      |  |   |  |
|   | d      |                                   |                | 1d      |                        |                      |  |   |  |
|   | e      |                                   |                | 1e      |                        |                      |  |   |  |
|   | f      |                                   |                | 10      |                        |                      |  |   |  |
|   | "      |                                   |                | 45      | 0.050                  |                      |  |   |  |
| d O   |        | and similar amounts not includ    |                | 1f      | 2,852                  |                      |  |   |  |
| an Co   | g      |                                   |                |         |                        |                      |  |   |  |
|   | h      | Total. Add lines 1a-1f            |                |         |                        | 2,852                |  |   |  |
| ۵   |        |                                   |                |         | Business Code          |                      |  |   |  |
| Program Service Revenue                                   |        | PRIDE FESTIVAL N PARADE           |                | 812900  | 651,546                | 651,546              |  |   |  |
| Rev   | b      |                                   |                |         |                        |                      |  |   |  |
| vice  | C      |                                   |                |         |                        |                      |  |   |  |
| Ser   | d      |                                   |                |         |                        |                      |  |   |  |
| ram   | е      |                                   |                |         |                        |                      |  |   |  |
| Prog  |        | All other program service rever   |                |         |                        |                      |  |   |  |
|   | g      | Total. Add lines 2a-2f            |                |         |                        | 651,546              |  |   |  |
|   | 3      | Investment income (including d    | ividends, inte | erest,  |                        |                      |  |   |  |
|   |        | and other similar amounts) .      |                |         | ►                      | 16                   |  |   | 16   |
|   | 4      | Income from investment of tax-    | exempt bond    | l proce | eds►                   |                      |  |   |  |
|   | 5      | Royalties                         | <u></u>        |         | <u> </u>               |                      |  |   |  |
|   |        |                                   | (i) Real       |         | (ii) Personal          |                      |  |   |  |
|   | 6a     | Gross rents                       |                |         |                        |                      |  |   |  |
|   | b      | Less: rental expenses             |                |         |                        |                      |  |   |  |
|   | c      | Rental income or (loss)           |                |         |                        |                      |  |   |  |
|   |        | Net rental income or (loss) .     |                |         |                        |                      |  |   |  |
|   |        | Gross amount from sales of        | (i) Securiti   |         | (ii) Other             |                      |  |   |  |
|   |        | assets other than inventory       |                |         |                        |                      |  |   |  |
|   | b      | Less: cost or other basis         |                |         |                        |                      |  |   |  |
|   |        | and sales expenses                |                |         |                        |                      |  |   |  |
|   |        | Gain or (loss)                    |                |         |                        |                      |  |   |  |
| 0   |        | Net gain or (loss)                |                | •••     | · · · · · · <b>▶</b>   |                      |  |   |  |
| nue   | 8a     | Gross income from fundraising     |                |         |                        |                      |  |   |  |
| eve   |        | events (not including \$          |                |         |                        |                      |  |   |  |
| Ŗ   |        | of contributions reported on line | ,              |         |                        |                      |  |   |  |
| Other Revenue   |        | See Part IV, line 18              |                |         |                        |                      |  |   |  |
| 0   |        | Less: direct expenses             |                |         |                        |                      |  |   |  |
|   |        | Net income or (loss) from fundr   | -              | s.      | <u> ▶</u>              |                      |  |   |  |
|   | 9a     | Gross income from gaming act      | ivities.       |         |                        |                      |  |   |  |
|   |        | See Part IV, line 19              |                | . а     |                        |                      |  |   |  |
|   | b      | Less: direct expenses             |                | . b     |                        |                      |  |   |  |
|   | c      | Net income or (loss) from gami    | ng activities  |         | <u> </u>               |                      |  |   |  |
|   | 10a    | Gross sales of inventory, less    |                |         |                        |                      |  |   |  |
|   |        | returns and allowances            |                | . а     |                        |                      |  |   |  |
|   | b      | Less: cost of goods sold          |                | . b     |                        |                      |  |   |  |
|   | c      | Net income or (loss) from sales   | of inventory   | /       |                        |                      |  |   |  |
|   |        | Miscellaneous Revenue             |                |         | Business Code          |                      |  |   |  |
|   | 11a    |                                   |                |         |                        |                      |  |   |  |
|   | b      |                                   |                |         |                        |                      |  |   |  |
|   | c      |                                   |                |         |                        |                      |  |   |  |
|   |        | All other revenue                 |                |         |                        |                      |  |   |  |
|   |        | Total. Add lines 11a-11d          |                |         |                        |                      |  |   |  |
|   |        | Total revenue. See instructions   |                |         |                        | 654,414              | 651,546  | 0                                       | 16   |
|   |        |                                   | · • •          |         |                        |                      |  |   |  |

PRIDE HOUSTON INC **Statement of Functional Expenses** 

| Sect  | ion 501(c)(3) and 501(c)(4) organizations must complete all c                               | olumns. All other orgar  | nizations must complet | e column (A).         |                           |
|-------|---|--------------------------|------------------------|-----------------------|---------------------------|
|       | Check if Schedule O contains a response or note to  | any line in this Part IX |                        | <u></u>               | <u> </u>                  |
| Do r  | not include amounts reported on lines 6b, 7b,   | (A)<br>Total expenses    | (B)<br>Program service | (C)<br>Management and | <b>(D)</b><br>Fundraising |
| 8b, 9 | 9b, and 10b of Part VIII.   | Total expenses           | expenses               | general expenses      | expenses                  |
| 1     | Grants and other assistance to domestic organizations                                       |                          |                        |                       |                           |
|       | and domestic governments. See Part IV, line 21  | 950                      | 950                    |                       |                           |
| 2     | Grants and other assistance to domestic   |                          |                        |                       |                           |
|       | individuals. See Part IV, line 22   |                          |                        |                       |                           |
| 3     | Grants and other assistance to foreign  |                          |                        |                       |                           |
|       | organizations, foreign governments, and foreign   |                          |                        |                       |                           |
|       | individuals. See Part IV, lines 15 and 16   |                          |                        |                       |                           |
| 4     | Benefits paid to or for members   |                          |                        |                       |                           |
| 5     | Compensation of current officers, directors,  |                          |                        |                       |                           |
|       | trustees, and key employees   |                          |                        |                       |                           |
| 6     | Compensation not included above, to disqualified  |                          |                        |                       |                           |
|       | persons (as defined under section 4958(f)(1)) and   |                          |                        |                       |                           |
|       | persons described in section 4958(c)(3)(B)  |                          |                        |                       |                           |
| 7     | Other salaries and wages  |                          |                        |                       |                           |
| 8     | Pension plan accruals and contributions (include  |                          |                        |                       |                           |
|       | section 401(k) and 403(b) employer contributions)   |                          |                        |                       |                           |
| 9     | Other employee benefits   |                          |                        |                       |                           |
| 10    | Payroll taxes   |                          |                        |                       |                           |
| 11    | Fees for services (non-employees):  |                          |                        |                       |                           |
| а     | Management  |                          |                        |                       |                           |
| b     | Legal   |                          |                        |                       |                           |
| С     | Accounting  | 2,365                    |                        | 2,365                 |                           |
| d     | Lobbying  |                          |                        |                       |                           |
| е     | Professional fundraising services. See Part IV, line 17 .                                   | 36,950                   |                        |                       | 36,950                    |
| f     | Investment management fees  |                          |                        |                       |                           |
| g     | Other. (If line 11g amount exceeds 10% of line 25, column                                   |                          |                        |                       |                           |
|       | (A) amount, list line 11g expenses on Schedule O.)  |                          |                        |                       |                           |
| 12    | Advertising and promotion   | 79,036                   | 79,036                 |                       |                           |
| 13    | Office expenses   | 5,806                    | 3,127                  | 2,679                 |                           |
| 14    | Information technology  | 28,482                   |                        | 28,482                |                           |
| 15    | Royalties   |                          |                        |                       |                           |
| 16    | Occupancy   | 16,959                   |                        | 16,959                |                           |
| 17    | Travel  |                          |                        |                       |                           |
| 18    | Payments of travel or entertainment expenses  |                          |                        |                       |                           |
|       | for any federal, state, or local public officials   |                          |                        |                       |                           |
| 19    | Conferences, conventions, and meetings  |                          |                        |                       |                           |
| 20    | Interest  |                          |                        |                       |                           |
| 21    | Payments to affiliates  |                          |                        |                       |                           |
| 22    | Depreciation, depletion, and amortization   | 1,337                    | 609                    | 728                   |                           |
| 23    |   | 45,711                   | 44,578                 | 1,133                 |                           |
| 24    | 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.)  |                          |                        |                       |                           |
| а     | EQUIPMENT RENTAL  | 151,281                  | 151,281                |                       |                           |
| b     | EVENT EXPENSES  | 187,370                  | 187,370                |                       |                           |
| С     | SALES TAX   | (10,376)                 |                        | (10,376)              |                           |
| d     |   |                          |                        |                       |                           |
| е     | All other expenses  |                          |                        |                       |                           |
| 25    | Total functional expenses. Add lines 1 through 24e .  | 545,871                  | 466,951                | 41,970                | 36,950                    |
| 26    | Joint costs. Complete this line only if the organization reported in column (B) joint costs |                          |                        |                       |                           |
|       | from a combined educational campaign and  |                          |                        |                       |                           |
|       | fundraising solicitation. Check here  |                          |                        |                       |                           |
|       | following SOP 98-2 (ASC 958-720)  |                          |                        |                       |                           |

| Par                         | t X | Balance Sheet   |                   |     |                        |
|-----------------------------|-----|---|-------------------|-----|------------------------|
|                             |     | Check if Schedule O contains a response or note to any line in this Part X              |                   |     |                        |
|                             |     |   | (A)               |     | (B)                    |
|                             |     |   | Beginning of year |     | End of year            |
|                             | 1   | Cash - non-interest-bearing   | 13,581            | 1   | 49,615                 |
|                             | 2   | Savings and temporary cash investments  | 43,177            | 2   | 43,189                 |
|                             | 3   | Pledges and grants receivable, net  | 67,900            | 3   | 115,300                |
|                             | 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   |                        |
| s                           | 7   | Notes and loans receivable, net   |                   | 7   |                        |
| Assets                      | 8   | Inventories for sale or use   | 300               | 8   | 300                    |
| As                          | 9   | Prepaid expenses and deferred charges   | 10,030            | 9   | 10,030                 |
|                             | 10a | Land, buildings, and equipment: cost or   |                   |     |                        |
|                             |     | other basis. Complete Part VI of Schedule D 10a 16,249                                  |                   |     |                        |
|                             | b   | Less: accumulated depreciation 10b 12,213   | 5,373             | 10c | 4,036                  |
|                             | 11  | Investments - publicly traded securities  |                   | 11  |                        |
|                             | 12  | Investments - other securities. See Part IV, line 11                                    |                   | 12  |                        |
|                             | 13  | Investments - program-related. See Part IV, line 11                                     |                   | 13  |                        |
|                             | 14  | Intangible assets   |                   | 14  |                        |
|                             | 15  | Other assets. See Part IV, line 11  | (1,455)           | 15  | 11,869                 |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                               | 138,906           | 16  | 234,339                |
|                             | 17  | Accounts payable and accrued expenses   | (30,706)          | 17  | (40,900)               |
|                             | 18  | Grants payable  |                   | 18  |                        |
|                             | 19  |   |                   | 19  |                        |
|                             | 20  | Tax-exempt bond liabilities   |                   | 20  |                        |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                   |                   | 21  |                        |
| es                          | 22  | Loans and other payables to current and former officers, directors,                     |                   |     |                        |
| Liabilities                 |     | trustees, key employees, highest compensated employees, and                             |                   |     |                        |
| lat                         |     | disqualified persons. Complete Part II of Schedule L                                    |                   | 22  |                        |
| -                           | 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 not included on lines 17-24). Complete Part X            |                   |     |                        |
|                             |     | of Schedule D   |                   | 25  |                        |
|                             | 26  | Total liabilities. Add lines 17 through 25  | (30,706)          | 26  | (40,900)               |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and                        |                   |     |                        |
| es                          |     | complete lines 27 through 29, and lines 33 and 34.                                      |                   |     |                        |
| anc                         | 27  |   |                   | 27  |                        |
| Bal                         | 28  | Temporarily restricted net assets   |                   | 28  |                        |
| pu                          | 29  | Permanently restricted net assets   |                   | 29  |                        |
| Ŀ                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here F 🔀 and                 |                   |     |                        |
| Net Assets or Fund Balances |     | complete lines 30 through 34.   |                   |     |                        |
| sset                        | 30  | Capital stock or trust principal, or current funds                                      |                   | 30  |                        |
| t As                        | 31  | Paid-in or capital surplus, or land, building, or equipment fund                        |                   | 31  | 0                      |
| Ne                          | 32  | Retained earnings, endowment, accumulated income, or other funds                        | 169,612           | 32  | 275,239                |
|                             | 33  | Total net assets or fund balances   | 169,612           | 33  | 275,239                |
|                             | 34  | Total liabilities and net assets/fund balances  | 138,906           | 34  | 234,339                |
| EEA                         |     |   |                   |     | Form <b>990</b> (2017) |

Form 990 (2017) PRIDE HOUSTON INC

Form **990** (2017)

| Form | 990 (2017) PRIDE HOUSTON INC 76   | -036 | 0374 |       | Pa     | age <b>12</b> |
|------|---|------|------|-------|--------|---------------|
| Pa   | rt XI Reconciliation of Net Assets  |      |      |       |        |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                   |      |      |       |        | . 🗌           |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1    |      | 6     | 54,4   | 114           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2    |      | 5     | 45,8   | 371           |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3    |      | 1     | 08,5   | 543           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4    |      | 1     | 69,6   | 512           |
| 5    | Net unrealized gains (losses) on investments  | 5    |      |       |        |               |
| 6    | Donated services and use of facilities  | 6    |      |       |        |               |
| 7    | Investment expenses   | 7    |      |       |        |               |
| 8    | Prior period adjustments  | 8    |      |       | (2,9   | 916)          |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9    |      |       |        | 0             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |      |      |       |        |               |
|      | 33, column (B))   | 10   |      | 2     | 75,2   | 239           |
| Pa   | rt XII Financial Statements and Reporting   |      |      |       |        |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                  |      |      | •••   | ••     |               |
|      |   |      |      |       | Yes    | No            |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  | _    |      |       |        |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |      |      |       |        |               |
|      | Schedule O.   |      |      |       |        |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?               |      |      | 2a    |        | X             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |      |      |       |        |               |
|      | reviewed on a separate basis, consolidated basis, or both:  |      |      |       |        |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |      |      |       |        |               |
| b    | Were the organization's financial statements audited by an independent accountant?                            |      | •••  | 2b    |        | X             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |      |      |       |        |               |
|      | separate basis, consolidated basis, or both:  |      |      |       |        |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |      |      |       |        |               |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |      |      |       |        |               |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |      | •••  | 2c    |        |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in |      |      |       |        |               |
|      | Schedule O.   |      |      |       |        |               |
| 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?  |      | 📑    | 3a    |        | Х             |
| b    |   |      |      |       |        |               |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |      | •••  | 3b    |        |               |
| EEA  |   |      | F    | orm 9 | 990 (2 | 2017)         |

| SCHEDUL | E A |
|---------|-----|
|         |     |

## **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

| (Form 990 or 990-EZ)       | C |
|----------------------------|---|
| Department of the Treasury |   |

► Attach to Form 990 or Form 990-EZ.

2017 Open to Public Inspection

Internal Revenue Service Ν

(D)

(E) Total information.

| Name | ame of the organization Employer identification number          |  |                         |                                       |               |              |                        |            |          |
|------|---|--|-------------------------|---------------------------------------|---------------|--------------|------------------------|------------|----------|
| PRI  | TDE HOUSTON INC 76-0360374                                      |  |                         |                                       |               |              |                        |            |          |
| Pa   | rt I  | Reason for Public Charity  | <b>y Status</b> (All or | rganizations must co                  | omplete       | this part    | .) See instructior     | IS.        |          |
| The  | orga  | inization is not a private foundation bec                          | ause it is: (For line   | s 1 through 12, check onl             | y one box.    | )            |                        |            |          |
| 1    |   | A church, convention of churches, or                               | association of chu      | urches described in sect              | ion 170(b)    | (1)(A)(i).   |                        |            |          |
| 2    |   | A school described in section 170(b                                | )(1)(A)(ii). (Attach    | Schedule E (Form 990 c                | or 990-EZ)    | .)           |                        |            |          |
| 3    |   | A hospital or a cooperative hospital s                             | service organization    | n described in section 1              | 70(b)(1)(A    | .)(iii).     |                        |            |          |
| 4    |   | A medical research organization ope                                | rated in conjunctio     | on with a hospital describ            | ed in sect    | ion 170(b)   | (1)(A)(iii). Enter the |            |          |
|      |   | hospital's name, city, and state:                                  |                         |                                       |               |              |                        |            |          |
| 5    |   | An organization operated for the bene                              | efit of a college or ι  | university owned or operation         | ated by a g   | overnmen     | tal unit described in  |            |          |
|      |   | section 170(b)(1)(A)(iv). (Complete                                | Part II.)               |                                       |               |              |                        |            |          |
| 6    |   | A federal, state, or local government                              | or governmental u       | init described in section             | 170(b)(1)     | (A)(v).      |                        |            |          |
| 7    | Х   | An organization that normally receive                              | s a substantial part    | t of its support from a gov           | /ernmental    | unit or from | m the general public   |            |          |
|      | _   | described in section 170(b)(1)(A)(vi                               |                         |                                       |               |              |                        |            |          |
| 8    |   | A community trust described in secti                               | on 170(b)(1)(A)(v       | i). (Complete Part II.)               |               |              |                        |            |          |
| 9    |   | An agricultural research organization                              | described in sect       | ion 170(b)(1)(A)(ix) ope              | rated in co   | onjunction   | with a land-grant coll | ege        |          |
|      |   | or university or a non-land-grant colle                            | ge of agriculture (s    | see instructions). Enter th           | e name, ci    | ty, and stat | e of the college or    |            |          |
|      |   | university:  |                         |                                       |               |              |                        |            |          |
| 10   |   | An organization that normally receive                              | ( )                     |                                       |               |              | 1 0                    | S          |          |
|      |   | receipts from activities related to its e                          | •                       |                                       |               | ,            |                        |            |          |
|      |   | support from gross investment income                               |                         |                                       |               | ,            | rom businesses         |            |          |
|      |   | acquired by the organization after Ju                              |                         |                                       |               | ,            |                        |            |          |
| 11   | Ц   | An organization organized and opera                                |                         |                                       |               |              |                        |            |          |
| 12   |   | An organization organized and opera                                | •                       | •                                     |               |              |                        |            |          |
|      |   | of one or more publicly supported or                               | -                       |                                       |               |              | •                      |            |          |
|      | _   | Check the box in lines 12a through 12                              |                         |                                       |               | •            |                        | •          |          |
|      | а   | <b>Type I.</b> A supporting organization                           |                         |                                       |               | -            |                        | ving       |          |
|      |   | the supported organization(s) the                                  |                         |                                       | rity of the c | irectors or  | trustees of the        |            |          |
|      | Ŀ.  | supporting organization. You mu                                    | -                       |                                       | :4h :4a aa    |              | ningtion(a) by bayin   | -          |          |
|      | b   | <b>Type II.</b> A supporting organization                          | •                       |                                       |               | -            |                        | -          |          |
|      |   | control or management of the sup                                   |                         |                                       | ISONS LINAL   |              | nanage the supporter   | u          |          |
|      | ~   | organization(s). You must comp<br>Type III functionally integrated |                         |                                       | anaction w    | ith and fu   |                        | with       |          |
|      | С   | its supported organization(s) (se                                  |                         |                                       |               |              |                        | with,      |          |
|      | d   | Type III non-functionally integr                                   | ,                       | •                                     |               |              |                        | ion(s)     |          |
|      | u   | that is not functionally integrated.                               |                         |                                       |               |              |                        |            |          |
|      |   | requirement (see instructions). Y                                  | • •                     |                                       |               | •            |                        | 3          |          |
|      | е   | Check this box if the organization                                 | -                       |                                       |               |              | Type II. Type III      |            |          |
|      | Ū   | functionally integrated, or Type II                                |                         |                                       |               | , a 19po I,  | rype II, rype III      |            |          |
|      | f   | Enter the number of supported organ                                |                         | · · · · · · · · · · · · · · · · · · · |               |              |                        |            |          |
|      | g   | Provide the following information abo                              |                         |                                       |               |              |                        |            |          |
|      |   | i) Name of supported organization                                  | (ii) EIN                | (iii) Type of organization            | (iv) Is the o | rganization  | (v) Amount of monetary | (vi) Amou  | unt of   |
|      |   |  |                         | (described on lines 1-10              | listed in you | r governing  | support (see           | other supp | ort (see |
|      | above (see instructions)) document? instructions) instructions) |  |                         |                                       |               |              | ions)                  |            |          |
|      |   |  |                         |                                       | Yes           | No           |                        |            |          |
|      |   |  |                         |                                       |               |              |                        |            |          |
| (A)  |   |  |                         |                                       |               |              |                        |            |          |
| (P)  |   |  |                         |                                       |               |              |                        |            |          |
| (B)  |   |  |                         |                                       |               |              |                        |            |          |
|      |   |  |                         |                                       |               |              |                        |            |          |
| (C)  |   |  |                         |                                       |               |              |                        |            |          |

| Sched |   | E HOUSTON IN       |  |                     |                 | 76-0360374        | 0                     |
|-------|---|--------------------|--|---------------------|-----------------|-------------------|-----------------------|
| Pa    | rt II Support Schedule for Org  | ganizations De     | escribed in Se                         | ctions 170(b)(      | 1)(A)(iv) and 1 | 170(b)(1)(A)(vi)  |                       |
|       | (Complete only if you chec  | ked the box on     | line 5, 7, or 8 d                      | of Part I or if the | e organization  | failed to qualify | under                 |
|       | Part III. If the organization   | fails to qualify u | inder the tests                        | listed below, pl    | lease complete  | e Part III.)      |                       |
| Sec   | tion A. Public Support  |                    |  |                     |                 |                   |                       |
| Caler | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2013    | <b>(b)</b> 2014                        | (c) 2015            | <b>(d)</b> 2016 | (e) 2017          | <b>(f)</b> Total      |
| 1     | Gifts, grants, contributions, and   |                    |  |                     |                 |                   |                       |
| •     | membership fees received. (Do not   |                    |  |                     |                 |                   |                       |
|       | include any "unusual grants.")  | 188,392            | 216,616                                | 183,492             | 51,215          | 2,852             | 642,567               |
| 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<br>fumished by a governmental unit to the<br>organization without charge                            |                    |  |                     |                 |                   |                       |
| 4     | Total. Add lines 1 through 3  | 188,392            | 216,616                                | 183,492             | 51,215          | 2,852             | 642,567               |
| 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)  |                    |  |                     |                 |                   | 417,391               |
| 6     | Public support. Subtract line 5 from line 4   |                    |  |                     |                 |                   | 225,176               |
| Sec   | tion B. Total Support   |                    |  | I                   |                 |                   | <u> </u>              |
| Caler | ndar year (or fiscal year beginning in) 🕨   | (a) 2013           | <b>(b)</b> 2014                        | (c) 2015            | (d) 2016        | (e) 2017          | (f) Total             |
| 7     | Amounts from line 4   | 188,392            | 216,616                                | 183,492             | 51,215          | 2,852             | 642,567               |
| 8     | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties and income from<br>similar sources | 11                 | 13                                     | 12                  | 12              |                   | 60                    |
|       |   |                    |  |                     |                 |                   |                       |
| 9     | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on                                |                    |  |                     |                 |                   |                       |
| 10    | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)                                   |                    |  |                     |                 |                   |                       |
| 11    | <b>Total support.</b> Add lines 7 through 10  |                    |  |                     |                 |                   | 642,627               |
| 12    | Gross receipts from related activities, etc. (  | see instructions)  |  |                     |                 | 12                | 042,027               |
|       |   |                    | •••••••••••••••••••••••••••••••••••••• |                     |                 |                   |                       |
| 13    | First five years. If the Form 990 is for the organization, check this box and stop here   |                    |  |                     |                 |                   | ▶□                    |
| Sec   | tion C. Computation of Public Su  |                    |  |                     |                 |                   |                       |
| 14    | Public support percentage for 2017 (line 6, o   |                    |  | ))                  |                 | 14                | 35.04 %               |
| 15    | Public support percentage from 2016 Sched   |                    |  |                     |                 |                   | 64.67 %               |
| 16a   | 33 1/3% support test - 2017. If the organiz   |                    |  |                     |                 |                   |                       |
|       | box and <b>stop here.</b> The organization qualit   |                    |  |                     |                 |                   | ▶ 🛛                   |
| b     | 33 1/3% support test - 2016. If the organiz   | • •                | •                                      |                     |                 |                   |                       |
|       | this box and <b>stop here.</b> The organization of  |                    |  |                     |                 |                   | ▶□                    |
| 17a   |   |                    |  |                     |                 |                   |                       |
|       | 10% or more, and if the organization meets  | -                  |  |                     |                 |                   |                       |
|       | Part VI how the organization meets the "fac   |                    |  |                     |                 |                   |                       |
|       | organization  |                    | -                                      | •                   |                 |                   | ▶ □                   |
| b     | 10%-facts-and-circumstances test - 2010   |                    |  |                     |                 |                   | · · ·                 |
| ~     | 15 is 10% or more, and if the organization  | -                  |  |                     |                 |                   |                       |
|       | Explain in Part VI how the organization mee   |                    |  |                     |                 | slv               |                       |
|       | supported organization  |                    |  |                     |                 |                   | ▶ □                   |
| 18    | Private foundation. If the organization did   |                    |  |                     |                 |                   | ···· []               |
|       | instructions  |                    |  |                     |                 |                   | ▶ □                   |
| EEA   |   |                    |  |                     |                 |                   | m 990 or 990-EZ) 2017 |

| Sche |   | E HOUSTON IN                                    |   |   |  | 76-0360374  | Page 3     |
|------|---|---|---|---|--|-------------|------------|
| Pa   | Int III Support Schedule for Org  |   |   |   |  |             |            |
|      | (Complete only if you checl   |   |   |   |  |             | Part II.   |
|      | If the organization fails to q  | ualify under th                                 | e tests listed b                                  | pelow, please c                             | omplete Part I                             | .)          |            |
|      | ction A. Public Support   |   | 1   |   |  |             |            |
| Cale | endar year (or fiscal year beginning in) ►  | <b>(a)</b> 2013                                 | <b>(b)</b> 2014                                   | (c) 2015                                    | (d) 2016                                   | (e) 2017    | (f) Total  |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |   |   |   |  |             |            |
| 2    | Gross receipts from admissions, merchandise<br>sold or services performed, or facilities<br>furnished in any activity that is related to the<br>organization's tax-exempt purpose |   |   |   |  |             |            |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513 .  |   |   |   |  |             |            |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |   |   |  |             |            |
| 5    | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   |   |   |   |  |             |            |
| 6    | Total. Add lines 1 through 5  |   |   |   |  |             |            |
| 7a   | Amounts included on lines 1, 2, and 3 received from disqualified persons  |   |   |   |  |             |            |
| b    | Amounts included on lines 2 and 3<br>received from other than disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year           |   |   |   |  |             |            |
| c    | Add lines 7a and 7b   |   |   |   |  |             |            |
| ő    |   |   |   |   |  |             |            |
| 8    | Public support. (Subtract line 7c from           line 6.)   |   |   |   |  |             |            |
| Sec  | ction B. Total Support  |   | 1   | •   |  |             |            |
| Cale | endar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2013                                 | <b>(b)</b> 2014                                   | (c) 2015                                    | (d) 2016                                   | (e) 2017    | (f) Total  |
| 9    | Amounts from line 6   |   |   |   |  |             |            |
| 10a  | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties and income from similar sources  |   |   |   |  |             |            |
|      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |   |   |   |  |             |            |
| С    | Add lines 10a and 10b   |   |   |   |  |             |            |
| 11   | Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on   |   |   |   |  |             |            |
| 12   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |   |   |   |  |             |            |
| 13   | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |   |   |   |  |             |            |
| 14   | First five years. If the Form 990 is for the or<br>organization, check this box and stop here   |   |   |   |  |             | ►          |
| Sec  | ction C. Computation of Public Su   | pport Percen                                    | tage  |   |  |             |            |
| 15   | Public support percentage for 2017 (line 8, co  | .,  |   | f))   |  | 15          | %          |
| 16   | Public support percentage from 2016 Schedu  |   |   |   |  | 16          | %          |
| See  | ction D. Computation of Investme  |   |   |   |  | 1 1         |            |
| 17   | Investment income percentage for 2017 (line   | .,  | •   | .,,   |  |             | %          |
| 18   | Investment income percentage from 2016 S  |   |   |   |  | <u> </u>    | %          |
| 19a  | <b>33 1/3% support tests - 2017.</b> If the organiz 17 is not more than 33 1/3%, check this box   | ation did not cheo<br>and <b>stop here.</b> T   | ck the box on line<br>he organization q           | 14, and line 15 is ualifies as a public     | more than 33 1/3%<br>ly supported orgar    | b, and line | ► 🗌        |
| b    | <b>33 1/3% support tests - 2016.</b> If the organize line 18 is not more than 33 1/3%, check this   | zation did not cheo<br>box and <b>stop he</b> i | ck a box on line 14<br><b>e.</b> The organization | 4 or line 19a, and l<br>on qualifies as a p | ine 16 is more that<br>ublicly supported o | rganization | _          |
| 20   | Private foundation. If the organization did r   | not check a box or                              | n line 14, 19a, or 1                              | 9b, check this bo                           | and see instruction                        | ons         | <u> ► </u> |

| Part     | A (Form 990 or 990-EZ) 2017 PRIDE HOUSTON INC 76-0360.  |          |      |   |
|----------|---|----------|------|---|
|          | (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete  | Sectio   | ns A |   |
|          | and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c   | omplete  | Э    |   |
|          | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F   | Part V.) |      |   |
| ecti     | on A. All Supporting Organizations  |          |      |   |
|          |   |          | Yes  | Ν |
|          | Are all of the organization's supported organizations listed by name in the organization's governing  |          |      |   |
|          | documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported  |          |      |   |
|          | organization was described in section 509(a)(1) or (2).   | 2        |      |   |
| а        | 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 <b>Part VI</b> when and how the   |          |      |   |
|          | 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)  | 0.0      |      |   |
| -        | purposes? If "Yes," explain in <b>Part VI</b> what controls the organizations was used exclusively for section (170(c)(2)(b)                                      | 3c       |      |   |
| а        | Was any supported organization not organized in the United States ("foreign supported organization")? If  | 50       |      |   |
| 4        | "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   | τu       |      |   |
|          | supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion   |          |      |   |
|          | despite being controlled or supervised by or in connection with its supported organizations.  | 4b       |      |   |
| c        | Did the organization support any foreign supported organization that does not have an IRS determination   |          |      |   |
| C        | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.   | 4c       |      |   |
| 2        | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  | 40       |      |   |
| a        |   |          |      |   |
|          | answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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   | Fo       |      |   |
| <b>L</b> | was accomplished (such as by amendment to the organizing document).   | 5a       |      |   |
| D        | Type I or Type II only. Was any added or substituted supported organization part of a class already   | 56       |      |   |
| _        | designated in the organization's organizing document?   | 5b       |      |   |
|          | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c       |      |   |
|          | 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 <b>Part VI.</b>   | 6        |      |   |
| •        | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor $(defined in particular) = 200(2000) = 200(2000)$ |          |      |   |
|          | (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        |      |   |
|          | 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        |      | _ |
| а        | 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 <b>Part VI</b> .  | 9a       |      |   |
| 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 <b>Part VI</b> .   | 9b       |      |   |
| С        | 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 <b>Part VI</b> .  | 9c       |      |   |
| )a       | 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.  | 10a      |      |   |
| 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.)   | 10b      |      |   |

| Sched   | lle A (Form 990 or 990-EZ) 2017 PRIDE HOUSTON INC 76-0360374  |            | P        | age 5   |
|---------|---|------------|----------|---------|
| Pa      | t IV Supporting Organizations (continued)   |            |          |         |
| 44      | Has the organization apported a gift or contribution from any of the following persons?   |            | Yes      | No      |
|         | Has the organization accepted a gift or contribution from any of the following persons?<br>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) |            |          |         |
| a       | below, the governing body of a supported organization?  | 110        |          |         |
| h       |   | 11a<br>11b |          |         |
|         | A family member of a person described in (a) above?   | 11b        |          |         |
|         | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i><br>tion B. Type I Supporting Organizations                                 | TIC        |          |         |
| 000     | tion B. Type Toupporting 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 <b>Part VI</b> 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.  | 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   |            |          |         |
|         | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |            |          |         |
|         | supervised, or controlled the supporting organization.  | 2          |          |         |
| Sec     | tion 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 <b>Part VI</b> how control  |            |          |         |
|         | or management of the supporting organization was vested in the same persons that controlled or managed  |            |          |         |
| <u></u> | the supported organization(s).  | 1          |          |         |
| Sec     | tion 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  |            | 163      | NO      |
| •       | 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  |            |          |         |
|         | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          |          |         |
| 2       |   |            |          |         |
| 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 <b>Part VI</b> how   | 2          |          |         |
|         | 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          |          |         |
| -       | tion E. Type III Functionally Integrated Supporting Organizations   |            | (        |         |
| 1<br>a  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in<br>The organization satisfied the Activities Test. Complete line 2 below.         | Struc      | uons)    |         |
| b       | The organization satisfied the Activities rest. Complete <b>line 2</b> below.   |            |          |         |
| c       | The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a government entity</i>   | (see ir    | struct   | tions)  |
| 2       | Activities Test. <b>Answer (a) and (b) below.</b>   | 000 //     | Yes      | No      |
| a       | 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   |            |          |         |
|         | 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.  |            |          |         |
| а       | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |            |          |         |
|         | trustees of each of the supported organizations? Provide details in Part VI.  | 3a         |          |         |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            |          |         |
|         | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b         |          |         |
| EEA     | Schedule A (Fo  | rm 990 o   | r 990-EZ | 2) 2017 |

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| Schedule A (Form 990 or 990-EZ) 2017 PRIDE HOUSTON INC                             |                | 76-03                        | 60374 Pa            |
|--|----------------|------------------------------|---------------------|
| 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  |                |                              |                     |
| instructions. All other Type III non-functionally integrated supporting organi     | zations        | must complete Section        | ons A through E.    |
| Section A - Adjusted Net Income  | (A) Prior Year | (B) Current Ye<br>(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 Ye<br>(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 <b>Part VI</b> ):                                    |                |                              |                     |
| 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              |                              |                     |
| 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-functionally | -integra       | ated Type III supportin      | g organization (see |
| instructions).   | -              |                              | - <u>-</u> `        |
|  |                |                              |                     |

Schedule A (Form 990 or 990-EZ) 2017

| Part V        |   | (3) Supporting Organia      | zations (continued)                    |  |  |  |  |  |
|---------------|---|-----------------------------|--|--|--|--|--|--|
|               | n D - Distributions   |                             |  | Current Year                             |  |  |  |  |
|               | mounts paid to supported organizations to accomplish exe            |                             |  |  |  |  |  |  |
|               |   |                             |  |  |  |  |  |  |
|               | ganizations, in excess of income from activity                      |                             |  |  |  |  |  |  |
|               | dministrative expenses paid to accomplish exempt purpos             | ses of supported organizat  | ions                                   |  |  |  |  |  |
|               | nounts paid to acquire exempt-use assets                            |                             |  |  |  |  |  |  |
|               | ualified set-aside amounts (prior IRS approval required)            |                             |  |  |  |  |  |  |
|               | ther distributions (describe in <b>Part VI</b> ). See instructions. |                             |  |  |  |  |  |  |
|               | otal annual distributions. Add lines 1 through 6.                   |                             |  |  |  |  |  |  |
|               | stributions to attentive supported organizations to which t         | he organization is respons  | live                                   |  |  |  |  |  |
|               | rovide details in <b>Part VI</b> ). See instructions.               |                             |  |  |  |  |  |  |
|               | stributable amount for 2017 from Section C, line 6                  |                             |  |  |  |  |  |  |
| <b>10</b> Lir | ne 8 amount divided by Line 9 amount                                |                             |  |  |  |  |  |  |
| Sec           | tion E - Distribution Allocations (see instructions)                | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 201 |  |  |  |  |
| 1 Dis         | stributable amount for 2017 from Section C, line 6                  |                             |  |  |  |  |  |  |
|               | nderdistributions, if any, for years prior to 2017                  |                             |  |  |  |  |  |  |
|               | easonable cause required - explain in Part VI). See                 |                             |  |  |  |  |  |  |
|               | structions.   |                             |  |  |  |  |  |  |
|               | ccess distributions carryover, if any, to 2017                      |                             |  |  |  |  |  |  |
| а             | <b>,</b> , <b>,</b> ,   |                             |  |  |  |  |  |  |
|               | om 2013   |                             |  |  |  |  |  |  |
|               | om 2014   |                             |  |  |  |  |  |  |
| d Fro         | om 2015   |                             |  |  |  |  |  |  |
| e Fro         | om 2016   |                             |  |  |  |  |  |  |
|               | otal of lines 3a through e  |                             |  |  |  |  |  |  |
|               | oplied to underdistributions of prior years                         |                             |  |  |  |  |  |  |
|               | pplied to 2017 distributable amount                                 |                             |  |  |  |  |  |  |
|               | arryover from 2012 not applied (see instructions)                   |                             |  |  |  |  |  |  |
|               | emainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                             |  |  |  |  |  |  |
| 4 Dis         | stributions for 2017 from   |                             |  |  |  |  |  |  |
| Se            | ection D, line 7: \$  |                             |  |  |  |  |  |  |
| <b>a</b> Ap   | oplied to underdistributions of prior years                         |                             |  |  |  |  |  |  |
|               | oplied to 2017 distributable amount                                 |                             |  |  |  |  |  |  |
| <b>c</b> Re   | emainder. Subtract lines 4a and 4b from 4.                          |                             |  |  |  |  |  |  |
| <b>5</b> Re   | emaining underdistributions for years prior to 2017, if             |                             |  |  |  |  |  |  |
| an            | y. Subtract lines 3g and 4a from line 2. For result                 |                             |  |  |  |  |  |  |
|               | eater than zero, explain in <b>Part VI</b> . See instructions.      |                             |  |  |  |  |  |  |
|               | emaining underdistributions for 2017. Subtract lines 3h             |                             |  |  |  |  |  |  |
|               | d 4b from line 1. For result greater than zero, explain in          |                             |  |  |  |  |  |  |
|               | art VI. See instructions.   |                             |  |  |  |  |  |  |
|               | ccess distributions carryover to 2018. Add lines 3j                 |                             |  |  |  |  |  |  |
|               | nd 4c.  |                             |  |  |  |  |  |  |
| 8 Br          | eakdown of line 7:  |                             |  |  |  |  |  |  |
|               | ccess from 2013   |                             |  |  |  |  |  |  |
|               | ccess from 2014   |                             |  |  |  |  |  |  |
|               | ccess from 2015   |                             |  |  |  |  |  |  |
|               | ccess from 2016   |                             |  |  |  |  |  |  |
|               | ccess from 2017   |                             |  |  |  |  |  |  |

EEA

Schedule A (Form 990 or 990-EZ) 2017

| Schedule A (For | rm 990 or 990-EZ) 2017 Page 8   |
|-----------------|---|
| Part VI         | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)  |
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| SCHEDULE D |   | Supplem  | OMB No. 1545-0047                     |                                  |           |                                 |
|------------|---|--|---------------------------------------|----------------------------------|-----------|---------------------------------|
| (Form 990) |   | ► Complete if th<br>Part IV, line 6, 7, 8  | 2017                                  |                                  |           |                                 |
|            |   | r art iv, inte 0, 7, 0   | Open to Public                        |                                  |           |                                 |
| •          | ment of the Treasury<br>I Revenue Service | ► Go to www.irs.gov/Fe   | Attach to Form<br>orm990 for instruct | ons and the latest informa       | tion.     | Inspection                      |
|            | of the organization                       | <b>.</b>   |                                       |                                  |           | ployer identification number    |
| PRI        | DE HOUSTO                                 |  |                                       |                                  |           | /6-0360374                      |
| Pa         |   | tions Maintaining Donor Advise   |                                       |                                  | unts.     |                                 |
|            | Complete                                  | if the organization answered "Yes  | " on Form 990, Pa                     | irt IV, line 6.                  |           |                                 |
|            | <b>-</b>                                  |  | (a) Donor a                           | dvised funds                     | (k        | b) Funds and other accounts     |
| 1          |   |  |                                       |                                  |           |                                 |
| 2          |   | f contributions to (during year)   |                                       |                                  |           |                                 |
| 3<br>4     |   | f grants from (during year)  |                                       |                                  |           |                                 |
| 5          |   | n inform all donors and donor advisors   | in writing that the as                | sets held in donor advised       |           |                                 |
| •          | -   | nization's property, subject to the organ  | -                                     |                                  |           | Yes 🗌 Ne                        |
| 6          | •   | n inform all grantees, donors, and dono  |                                       | •                                |           |                                 |
|            | only for charitable                       | purposes and not for the benefit of the  | donor or donor advise                 | or, or for any other purpose     |           |                                 |
|            | conferring impermi                        | ssible private benefit?  |                                       |                                  |           | Yes 🗌 Ne                        |
| Pa         | rt II Conser                              | vation Easements.  |                                       |                                  |           |                                 |
|            |   | e if the organization answered "Ye   |                                       |                                  |           |                                 |
| 1          |   | servation easements held by the organi   |                                       |                                  |           |                                 |
|            |   | f land for public use (e.g., recreation or   | reducation)                           | Preservation of a historica      | • •       |                                 |
|            | Protection of r                           |  | L                                     | Preservation of a certified      | nistoric  | structure                       |
| 2          | Preservation c                            | through 2d if the organization held a qu   | alified conservation (                | contribution in the form of a co | nservat   | ion                             |
| -          |   | ist day of the tax year.   |                                       |                                  |           | Held at the End of the Tax Year |
| а          |   |  |                                       |                                  | . 2a      |                                 |
| b          |   |  |                                       |                                  | . 2b      |                                 |
| с          | -   | vation easements on a certified historic   | structure included in                 | (a)                              | . 2c      |                                 |
| d          | Number of conserv                         | vation easements included in (c) acquir  | ed after 7/25/06, and                 | not on a                         |           |                                 |
|            | historic structure lis                    | ted in the National Register   |                                       |                                  | . 2d      |                                 |
| 3          |   | vation easements modified, transferred   | , released, extinguisł                | ed, or terminated by the orga    | anization | during the                      |
|            | tax year ►                                |  |                                       |                                  |           |                                 |
| 4          |   | where property subject to conservation   |                                       | • <u> </u>                       |           |                                 |
| 5          | -   | ion have a written policy regarding the  |                                       |                                  |           |                                 |
| e          | -   | preement of the conservation easement  |                                       |                                  |           |                                 |
| 6          |   | hours devoted to monitoring, inspecting  | y, nanuling of violatio               | ris, and enforcing conservation  | JII easei | nems during the year            |
| 7          | Amount of expense                         | <br>es incurred in monitoring, inspecting, ha  | andling of violations                 | and enforcing conservation e     | asement   | s during the year               |
| •          | ► \$                                      |  |                                       |                                  |           |                                 |
| 8          |   | /ation easement reported on line 2(d) a  | above satisfy the requ                | irements of section 170(h)(4)    | )(B)(i)   |                                 |
|            | and section 170(h)                        |  |                                       |                                  |           | Yes 🗌 Ne                        |
| 9          | In Part XIII, descrit                     | be how the organization reports conser   | vation easements in                   | its revenue and expense state    | ement, a  | nd                              |
|            | balance sheet, and                        | include, if applicable, the text of the for  | otnote to the organiza                | tion's financial statements that | at descri | bes the                         |
|            |   | ounting for conservation easements.  |                                       |                                  |           |                                 |
| Pa         |   | zations Maintaining Collection   | •                                     | -                                | ther S    | imilar Assets.                  |
|            | ,   | e if the organization answered "Ye   |                                       |                                  |           | and the state                   |
| 1a         | •   | elected, as permitted under SFAS 116   | . ,                                   |                                  |           |                                 |
|            |   | cal treasures, or other similar assets h<br>vide, in Part XIII, the text of the footnote |                                       |                                  |           |                                 |
| b          |   | elected, as permitted under SFAS 116   |                                       |                                  |           | sheet                           |
| ~          | -   | cal treasures, or other similar assets h   |                                       |                                  |           |                                 |
|            |   | vide the following amounts relating to the   |                                       | ,                                |           |                                 |
|            |   | ded on Form 990, Part VIII, line 1   |                                       |                                  |           | ►\$                             |
|            |   | d in Form 990, Part X  |                                       |                                  |           |                                 |
| 2          |   | received or held works of art, historical  |                                       |                                  |           |                                 |
|            | following amounts                         | required to be reported under SFAS 1   | 16 (ASC 958) relatir                  | g to these items:                |           |                                 |
| а          |   | on Form 990, Part VIII, line 1   |                                       |                                  |           |                                 |
| b          | Assets included in                        | Form 990, Part X   |                                       |                                  |           | ▶\$                             |

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

| Sched     | lule D (Form 990) 2017 PRIDE HOUSTON   | INC                  |                     |                      |             | 76-03603             | 374        | Page 2     |
|-----------|--|----------------------|---------------------|----------------------|-------------|----------------------|------------|------------|
| Ра        | rt III Organizations Maintaining C   | Collections of A     | Art, Historica      | al Treasures,        | or Othe     | er Similar Asse      | ets (con   | tinued)    |
| 3         | Using the organization's acquisition, accession,   | and other records,   | check any of the    | following that are   | a significa | ant use of its       |            |            |
|           | collection items (check all that apply):   |                      |                     |                      |             |                      |            |            |
| а         | Public exhibition  | d 🗌 Lo               | an or exchange      | programs             |             |                      |            |            |
| b         | Scholarly research   |                      | her                 |                      |             |                      |            |            |
| c         | Preservation for future generations  |                      |                     |                      |             |                      |            |            |
| 4         | Provide a description of the organization's collect                                      | ctions and explain h | now they further t  | he organization's e  | exempt n    | imose in Part        |            |            |
| -         | XIII.  |                      |                     | ne organizations (   | xompt pt    |                      |            |            |
| 5         | During the year, did the organization solicit or re                                      | ceive donations of   | art historical trea | sures or other sin   | nilar       |                      |            |            |
| 3         |  |                      |                     |                      |             |                      |            |            |
| Da        | assets to be sold to raise funds rather than to be<br>rt IV Escrow and Custodial Arrange |                      | t of the organiza   |                      | • • •       |                      | · 🗆 I      | ′es ∐ No   |
| Га        |  |                      | n Form 000          | Dort IV/ line 0      | or rop      | orted on omour       | t on Ea    | rm         |
|           | Complete if the organization an  | isweled les d        | 511 F0111 990,      | Fait IV, line 9      | , or rep    | oneu an amour        |            | )          |
|           | 990, Part X, line 21.  |                      | · · · · · ·         |                      |             |                      |            |            |
| 1a        | Is the organization an agent, trustee, custodian o                                       |                      |                     |                      |             |                      | Π.         |            |
|           |  |                      |                     |                      |             | •••••                | . ∐ Y      | ′es 🗌 No   |
| b         | If "Yes," explain the arrangement in Part XIII and                                       | d complete the follo | wing table:         |                      |             |                      |            |            |
|           |  |                      |                     |                      |             | Amo                  | unt        |            |
| С         | Beginning balance  | ••••                 |                     |                      | <b>1</b> c  |                      |            |            |
| d         | Additions during the year  |                      |                     |                      | 1d          |                      |            |            |
| е         | Distributions during the year  |                      |                     |                      | 1e          |                      |            |            |
| f         | Ending balance   |                      |                     |                      | 1f          |                      |            |            |
| 2a        | Did the organization include an amount on Form   | 990, Part X, line 2  | 1, for escrow or o  | custodial account li | ability?    |                      | 🗌 Y        | 'es 🗌 No   |
| b         | If "Yes," explain the arrangement in Part XIII. Ch                                       | heck here if the exp | lanation has bee    | n provided on Part   | XIII .      |                      |            | 🗌          |
| Pa        | rt V Endowment Funds.  |                      |                     |                      |             |                      |            |            |
|           | Complete if the organization an  | nswered "Yes" o      | on Form 990,        | Part IV, line 1      | 0.          |                      |            |            |
|           |  | (a) Current year     | (b) Prior yea       | r (c) Two year       | s back      | (d) Three years back | (e) Four   | years back |
| 1a        | Beginning of year balance  |                      |                     |                      |             |                      |            |            |
| b         | Contributions  |                      |                     |                      |             |                      |            |            |
| С         | Net investment earnings, gains, and  |                      |                     |                      |             |                      |            |            |
|           | losses   |                      |                     |                      |             |                      |            |            |
| d         | Grants or scholarships   |                      |                     |                      |             |                      |            |            |
| e         | Other expenditures for facilities and  |                      |                     |                      |             |                      |            |            |
| e         |  |                      |                     |                      |             |                      |            |            |
| 4         |  |                      |                     |                      |             |                      |            |            |
| I         | Administrative expenses  |                      |                     |                      |             |                      |            |            |
| g         | End of year balance  |                      | <br>                | - ) )    -           |             |                      |            |            |
| 2         | Provide the estimated percentage of the current  |                      | line 1g, column (   | a)) neid as:         |             |                      |            |            |
| а         | Board designated or quasi-endowment  | %                    |                     |                      |             |                      |            |            |
| b         | Permanent endowment  %   |                      |                     |                      |             |                      |            |            |
| С         | Temporarily restricted endowment   | %                    |                     |                      |             |                      |            |            |
|           | The percentages on lines 2a, 2b, and 2c should   | •                    |                     |                      |             |                      |            |            |
| 3a        | Are there endowment funds not in the possession  | on of the organizati | on that are held a  | and administered f   | or the      |                      | ſ          |            |
|           | organization by:   |                      |                     |                      |             |                      |            | Yes No     |
|           | 0  |                      |                     |                      |             |                      | 3a(i)      |            |
|           | (ii) related organizations   |                      |                     |                      |             | •••••                | 3a(ii)     |            |
| b         | If "Yes" on 3a(ii), are the related organizations li                                     | isted as required or | Schedule R?         |                      |             |                      | 3b         |            |
| 4         | Describe in Part XIII the intended uses of the or  | rganization's endow  | ment funds.         |                      |             |                      |            |            |
| Ра        | rt VI Land, Buildings, and Equipm  | ent.                 |                     |                      |             |                      |            |            |
|           | Complete if the organization an  | nswered "Yes" o      | on Form 990,        | Part IV, line 1      | 1a. See     | Form 990, Pai        | rt X, line | e 10.      |
|           | Description of property  | (a) Cost or o        | ther basis (b)      | Cost or other basis  | (c) A       | Accumulated          | (d) Bool   | k value    |
|           |  | (investr             | ment)               | (other)              | de          | preciation           |            |            |
| 1a        | Land   |                      |                     |                      |             |                      |            |            |
| b         | Buildings  |                      |                     |                      |             |                      |            |            |
| c         | Leasehold improvements   |                      |                     |                      |             |                      |            |            |
| d         |  |                      | 4,259               | 11,990               |             | 12,213               |            | 4,036      |
|           |  |                      | 7,433               | 11,990               |             | 14,413               |            | ч,030      |
| e<br>Tota | Other  |                      | t V column (D)      | ling 10c)            |             |                      |            | 4 026      |
| iota      | I. Add lines 1a through 1e. (Column (d) must eq  | juai ruini 990, Pah  | ι ∧, соштп (В), I   |                      |             | ►                    |            | 4,036      |

EEA

Schedule D (Form 990) 2017

Part VII

Investments - Other Securities.

| Part VII                                      | Investments - Other Securities.<br>Complete if the organization answere | d "Yes" on Form 990. F         | Part IV. line 11b. See Form 990. Pa                          | rt X. line 12.          |
|---|---|--------------------------------|--|-------------------------|
|   | (a) Description of security or category                                 | (b) Book value                 | (c) Method of valuation:                                     |                         |
| 1) Financial                                  | (including name of security)  |                                | Cost or end-of-year market value                             |                         |
|   | derivatives   |                                |  |                         |
| <ol> <li>Closely-II</li> <li>Other</li> </ol> |   |                                |  |                         |
| (A)   |   |                                |  |                         |
| (B)   |   |                                |  |                         |
| (C)   |   |                                |  |                         |
| (D)   | -   |                                |  |                         |
| (E)   |   |                                |  |                         |
| (F)   |   |                                |  |                         |
| (G)   |   |                                |  |                         |
| (H)   |   |                                |  |                         |
| Fotal. (Column (b)                            | ) must equal Form 990, Part X, col. (B) line 12.)                       |                                |  |                         |
| Part VIII                                     | Investments - Program Related.  |                                |  |                         |
|   | Complete if the organization answere                                    | d "Yes" on Form 990, I         | Part IV, line 11c. See Form 990, Pa                          | rt X, line 13.          |
|   | (a) Description of investment   | (b) Book value                 | (c) Method of valuation:<br>Cost or end-of-year market value |                         |
| (1)   |   |                                |  |                         |
| (2)   |   |                                |  |                         |
| (3)   |   |                                |  |                         |
| (4)   |   |                                |  |                         |
| (5)   |   |                                |  |                         |
| (6)   |   |                                |  |                         |
| (7)   |   |                                |  |                         |
| (8)   |   |                                |  |                         |
| (9)   |   |                                |  |                         |
| Total. (Column (b                             | ) must equal Form 990, Part X, col. (B) line 13.)                       |                                |  |                         |
| Part IX                                       | Other Assets.   |                                |  |                         |
|   | Complete if the organization answere                                    | d "Yes" on Form 990, F         | Part IV, line 11d. See Form 990, Pa                          | rt X, line 15.          |
|   | (a) [   | Description                    |  | (b) Book value          |
|   | IT FOR LEASE  |                                |  | 1,77                    |
|   | IT FOR KEYS   |                                |  | 72                      |
| (3) SUSPE                                     |   |                                |  |                         |
|   | RECEIVABLES   |                                |  |                         |
| (5) AIRLI                                     |   |                                |  | 1,45                    |
| . ,   | OSITED FUNDS  |                                |  | 7,90                    |
| (7)   |   |                                |  |                         |
| (8)<br>(9)                                    |   |                                |  |                         |
|   | nn (b) must equal Form 990, Part X, col. (B) line 1                     | 5)                             | · · · · · · · · · · · · · · · · · · ·                        | 11,869                  |
| Part X  | Other Liabilities.  |                                | •••••  | 11,00.                  |
|   | Complete if the organization answere                                    | d "Yes" on Form 990. F         | Part IV. line 11e or 11f. See Form 9                         | 90. Part X.             |
|   | line 25.  |                                |  |                         |
| 1.  | (a) Description of liability  | (b) Book value                 |  |                         |
| (1) Federal                                   | income taxes  |                                |  |                         |
| (2)   |   |                                |  |                         |
| (3)   |   |                                |  |                         |
| (4)   |   |                                |  |                         |
| (5)   |   |                                |  |                         |
| (6)   |   |                                |  |                         |
| (7)   |   |                                |  |                         |
| (8)   |   |                                |  |                         |
| (9)   |   |                                |  |                         |
|   | ) must equal Form 990, Part X, col. (B) line 25.)                       |                                |  |                         |
|   | uncertain tax positions. In Part XIII, provide the te                   |                                |  | _                       |
| organization's                                | liability for uncertain tax positions under FIN 48 (A                   | ASC 740). Check here if the te | ext of the footnote has been provided in Part                | XIII                    |
| EEA   |   |                                | Sche   | edule D (Form 990) 2017 |
|   |   |                                |  |                         |

|    | ule D (Form 990) 2017 PRIDE HOUSTON INC   | 76-0360374  | Page 4 |
|----|---|-------------|--------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per                       | er Return.  |        |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                             |             |        |
| 1  | Total revenue, gains, and other support per audited financial statements                                | 1           |        |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                     |             |        |
| а  | Net unrealized gains (losses) on investments   2a   |             |        |
| b  | Donated services and use of facilities  |             |        |
| С  | Recoveries of prior year grants   |             |        |
| d  | Other (Describe in Part XIII.)  |             |        |
| е  | Add lines 2a through 2d   | 2e          |        |
| 3  | Subtract line <b>2e</b> from line <b>1</b>  | 3           |        |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                    |             |        |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                     |             |        |
| b  | Other (Describe in Part XIII.)  |             |        |
| С  | Add lines <b>4a</b> and <b>4b</b>   |             |        |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                         |             |        |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses                        | per Return. |        |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                             |             |        |
| 1  | Total expenses and losses per audited financial statements  | 1           |        |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       |             |        |
| а  | Donated services and use of facilities  |             |        |
| b  | Prior year adjustments  |             |        |
| С  | Other losses  |             |        |
| d  | Other (Describe in Part XIII.)  |             |        |
| е  | Add lines <b>2a</b> through <b>2d</b>   |             |        |
| 3  | Subtract line <b>2e</b> from line <b>1</b>  | 3           |        |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      |             |        |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                     |             |        |
| b  | Other (Describe in Part XIII.)  |             |        |
| С  | Add lines <b>4a</b> and <b>4b</b>   |             |        |
| 5  | Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) | 5           |        |
| Pa | rt XIII Supplemental Information.   |             |        |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| SCHEDULE G                    | CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities   |                     |                       |                 |                          |  | tivities         | OMB No. 1545-0047   |
|-------------------------------|---|---------------------|-----------------------|-----------------|--------------------------|--|------------------|---------------------|
| (Form 990 or 990-EZ)          | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▲ Attach to Form 990 or Form 990-EZ. |                     |                       |                 |                          |  | 2017             |                     |
| Department of the Treasury    |   |                     |                       |                 |                          |  |                  | Open to Public      |
| Internal Revenue Service      |   | ► Go to www.        | irs.gov/Form9         | 990 for the lat | est instructions.        |  |                  | Inspection          |
| Name of the organization      |   |                     |                       |                 |                          |  | Employer iden    | tification number   |
| PRIDE HOUSTON INC             |   |                     |                       |                 |                          |  | 76-036           |                     |
|                               | -   | •                   | -                     |                 | swered "Yes" on I        | Form 99                                  | 90, Part IV,     | line 17.            |
| Form 990-E                    | Z filers are not  | required to co      | mplete this           | part.           |                          |  |                  |                     |
| 1 Indicate whether the        | organization rais   | ed funds through    | any of the fo         | llowing activ   | ities. Check all that ap | ply.                                     |                  |                     |
| a 🛛 Mail solicitations        |   |                     |                       |                 | of non-government gra    | ints                                     |                  |                     |
| <b>b</b> X Internet and email | solicitations   |                     |                       |                 | of government grants     |  |                  |                     |
| c 🛛 Phone solicitation        |   |                     | g 🗌                   | Special fund    | draising events          |  |                  |                     |
| d 🔀 In-person solicitat       | ons   |                     |                       |                 |                          |  |                  |                     |
| 2a Did the organization       | have a written or   | oral agreement      | with any indiv        | ridual (includ  | ing officers, directors, | trustees,                                |                  |                     |
| or key employees lis          | ed in Form 990,   | Part VII) or entity | in connectio          | n with profes   | ssional fundraising ser  | vices?                                   | 🔀 Ye             | s 🗌 No              |
| b If "Yes," list the 10 hi    | ghest paid individ  | uals or entities (f | iundraisers) p        | oursuant to a   | greements under whic     | h the fund                               | draiser is to be |                     |
| compensated at leas           | t \$5,000 by the o  | rganization.        |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| (i) Name and address          | of individual   |                     | (iii) Did fun         | draiser have    | (iv) Gross receipts      |  | ount paid to     | (vi) Amount paid to |
| or entity (fundra             |   | (ii) Activity       | custody or control of |                 | from activity            | (or retained by)<br>fundraiser listed in |                  | (or retained by)    |
|                               | ,   |                     | contrib               | outions?        | ,                        | col. (i)                                 |                  | organization        |
|                               |   |                     | Yes                   | No              |                          |  |                  |                     |
| 1 PROFESSIONAL SE             | ORTS PARTN  | PARTNERED           |                       |                 |                          |  |                  |                     |
| 3336 RICHMOND AVE             | ST, 77098   | WITH BOARD          |                       | X               | 100,175                  |  | 36,950           | 63,225              |
| 2                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 3                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 4                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 5                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 6                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 7                             |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| 8                             |   |                     |                       |                 |                          |  |                  |                     |
| •                             |   |                     |                       |                 |                          |  |                  |                     |
| 9                             |   |                     |                       |                 |                          |  |                  |                     |
| 5                             |   |                     |                       |                 |                          |  |                  |                     |
| 10                            |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
|                               |   |                     |                       |                 |                          |  |                  |                     |
| Total                         |   |                     |                       |                 | 100 175                  |  | 36 050           | 63 335              |
| 3 List all states in which    | ••••••••••••••••••••••••••••••••••••••  |                     |                       |                 | 100,175                  |  | 36,950           | 63,225              |
|                               | -   | is registered of I  |                       |                 | uons of has been noth    | neu il is e                              | zempt nom        |                     |
| registration or licensin      | y.  |                     |                       |                 |                          |  |                  |                     |

Schedule G (Form 990 or 990-EZ) 2017

PRIDE HOUSTON INC

76-0360374 Page 2

| Pa              | art II                              |   |   |  |                          |   |
|-----------------|-------------------------------------|---|---|--|--------------------------|---|
|                 |                                     | than \$15,000 of fundraising  |   | d gross income on Form                           | 990-EZ, lines 1 and 6b   | . List events with                              |
|                 |                                     | gross receipts greater than   |   |  |                          |   |
|                 |                                     |   | (a) Event #1  | (b) Event #2                                     | (c) Other events         | (d) Total events<br>(add col. (a) through       |
| 0               |                                     |   | (event type)  | (event type)                                     | (total number)           | col. <b>(c)</b> )                               |
| Revenue         | 1                                   | Gross receipts  |   |  |                          |   |
| Rev             |                                     |   |   |  |                          |   |
|                 | 2                                   | Less: Contributions   |   |  |                          |   |
|                 | 3                                   | Gross income (line 1 minus  |   |  |                          |   |
|                 |                                     | line 2)   |   |  |                          |   |
|                 | 4                                   | Cash prizes   |   |  |                          |   |
|                 |                                     |   |   |  |                          |   |
|                 | 5                                   | Noncash prizes  |   |  |                          |   |
| es              | 6                                   | Rent/facility costs   |   |  |                          |   |
| ensi            |                                     |   |   |  |                          |   |
| Ä               | 7                                   | Food and beverages  |   |  |                          |   |
| Direct Expenses | 8                                   | Entertainment   |   |  |                          |   |
|                 | Ŭ                                   |   |   |  |                          |   |
|                 | 9                                   | Other direct expenses   |   |  |                          |   |
|                 | 10                                  | Direct expense summary. Add lines   | 4 through 9 in column (d)   |  | •                        |   |
|                 | 11                                  | Net income summary. Subtract line   |   |  |                          |   |
| Pa              | art II                              |   | organization answered "   | Yes" on Form 990, Part                           | IV, line 19, or reported | more  |
|                 |                                     | than \$15,000 on Form 990   | -EZ, line 6a.   |  |                          |   |
| IUe             |                                     |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (add col. (a) through col. (c) |
| Revenue         |                                     |   |   | 2  |                          |   |
| Ř               | 1                                   | Gross revenue   |   |  |                          |   |
|                 |                                     |   |   |  |                          |   |
| es              | 2                                   | Cash prizes   |   |  |                          |   |
| xpenses         | 3                                   | Noncash prizes  |   |  |                          |   |
| ш               | Ū                                   |   |   |  |                          |   |
| Direct          | 4                                   | Rent/facility costs   |   |  |                          |   |
|                 | _                                   |   |   |  |                          |   |
|                 | 5                                   | Other direct expenses   | Yes %   | Yes %  | Yes %                    |   |
|                 | 6                                   |   |   | □ les //   | □ 103 /0                 |   |
|                 | 6                                   | Volunteer labor   | No  |  |                          |   |
|                 | 7                                   |   |   |  |                          |   |
|                 |                                     | Direct expense summary. Add lines   |   |  |                          |   |
|                 |                                     |   | 2 through 5 in column (d)   | ·  | <br>▶                    |   |
|                 | 7<br>8                              | Direct expense summary. Add lines   | 2 through 5 in column (d)<br>tract line 7 from line 1, colur  | mn (d)   | <br>▶                    |   |
| 9               | 7<br>8<br>En                        | Direct expense summary. Add lines<br>Net gaming income summary. Sub-<br>ter the state(s) in which the organizat   | 2 through 5 in column (d)<br>tract line 7 from line 1, colur<br>tion conducts gaming activi                                 | mn (d)   | <br>                     | Yes 🗌 No  |
| á               | 7<br>8<br>En<br>a Ist               | Direct expense summary. Add lines<br>Net gaming income summary. Sub-<br>ter the state(s) in which the organizat<br>he organization licensed to conduct g                      | 2 through 5 in column (d)<br>tract line 7 from line 1, colur<br>tion conducts gaming activi                                 | mn (d)   | <br>                     | Yes 🗌 No  |
| á               | 7<br>8<br>En<br>a Ist               | Direct expense summary. Add lines<br>Net gaming income summary. Sub-<br>ter the state(s) in which the organizat<br>he organization licensed to conduct g                      | 2 through 5 in column (d)<br>tract line 7 from line 1, colur<br>tion conducts gaming activi<br>gaming activities in each of | mn (d)   | <br>                     | Yes 🗌 No  |
| a<br>I          | 7<br>8<br>En<br>a Ist<br>o If "     | Direct expense summary. Add lines<br>Net gaming income summary. Subt<br>ter the state(s) in which the organization<br>he organization licensed to conduct of<br>No," explain: | 2 through 5 in column (d)<br>tract line 7 from line 1, colur<br>tion conducts gaming activi<br>gaming activities in each of | mn (d)   | <br>                     |   |
| a<br>1          | 7<br>8<br>En<br>a Ist<br>o If "<br> | Direct expense summary. Add lines<br>Net gaming income summary. Sub-<br>ter the state(s) in which the organizat<br>he organization licensed to conduct g                      | 2 through 5 in column (d)<br>tract line 7 from line 1, colur<br>tion conducts gaming activi<br>gaming activities in each of | mn (d)   | <br>                     | Yes 🗌 No  |

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

Department of the Treasury Internal Revenue Service Name of the organization Plete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2017
Open to Public

Employer identification number

76-0360374

#### PRIDE HOUSTON INC

#### 01. Form 990 governing body review (Part VI, line 11)

FORM 990 EMAILED TO ALL BOARD MEMBERS PRIOR TO RETURN BEING SIGNED.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS MUST SIGN CONFLICT OF INTEREST STATEMENT EACH YEAR DETAILING ANY POSSIBLE

CONFLICT.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

PRIDE HOUSTON BY LAWS ARE MADE AVAILABLE TO THE PUBLIC ALONG WITH THE INFORMATION 990

RETURN.

Form **4562** 

# Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax raturn

| Department of the Treasury<br>Internal Revenue Service (99) |  | o to www.irs.go                            | ► Allacin it  |             |                     | he latest infor   | mation    |        | Attachment<br>Sequence No. <b>179</b> |
|---|--|--|---|-------------|---------------------|-------------------|-----------|--------|---------------------------------------|
| Name(s) shown on return                                     | F 0(   | 0 to www.ns.go                             | W/I 0/1114302 I   |             |                     | this form relates | mation.   |        | Identifying number                    |
| PRIDE HOUSTON   | N TNC  |  |   |             | M 990               |                   |           |        | 76-0360374                            |
|   |  | e Certain Pro                              | operty Und  | _           |                     | <u> </u>          |           |        | /0 05005/1                            |
|   | -  | isted property,                            |   |             |                     | olete Part I      |           |        |                                       |
| 1 Maximum amount (  |  |  |   |             |                     |                   |           | 1      |                                       |
| 2 Total cost of section                                     | ,  |  |   |             |                     |                   |           | 2      |                                       |
| 3 Threshold cost of s                                       |  |  |   |             |                     |                   |           | 3      |                                       |
| 4 Reduction in limitat                                      |  | •  |   | •           | ,                   |                   |           | 4      |                                       |
| 5 Dollar limitation for                                     |  |  | -   |             |                     |                   |           |        |                                       |
| separately, see inst  | ,  |  |   | ,           |                     | 0                 |           | 5      |                                       |
|   | (a) Description of pro   |  |   |             | ousiness use only   |                   | cted cost |        |                                       |
|   | •••••  | · ·  |   |             |                     |                   |           |        | -                                     |
| -   |  |  |   |             |                     |                   |           |        | -                                     |
| 7 Listed property. En                                       | ter the amount fro   | om line 29 .                               |   |             | 7                   |                   |           |        | -                                     |
| 8 Total elected cost of                                     | of section 179 pr  | operty. Add amo                            | unts in column  | (c), lines  | 6 and 7             |                   |           | 8      |                                       |
| 9 Tentative deduction                                       |  |  |   |             |                     |                   |           | 9      |                                       |
| 10 Carryover of disallo                                     | wed deduction f  | rom line 13 of yo                          | ur 2016 Form 4  | 4562 .      |                     |                   |           | 10     |                                       |
| 11 Business income li                                       | mitation. Enter th   | e smaller of bus                           | iness income (  | not less th | nan zero) or l      | ine 5 (see instr  | uctions)  | 11     |                                       |
| 12 Section 179 expense                                      | se deduction. Ad   | d lines 9 and 10,                          | but don't enter   | r more tha  | n line 11           |                   |           | 12     |                                       |
| 13 Carryover of disallo                                     | wed deduction t  | o 2018. Add line                           | s 9 and 10, les   | s line 12   | ▶ 13                | 3                 |           |        |                                       |
| Note: Don't use Part II o                                   | r Part III below f   | or listed property                         | y. Instead, use   | Part V.     |                     |                   |           |        |                                       |
| Part II Special   | Depreciatio  | n Allowance                                | and Other   | Deprec      | iation (D           | on't include l    | isted pr  | opert  | y.) (See instructions.)               |
| 14 Special depreciatio                                      | n allowance for c  | qualified property                         | (other than list  | ted proper  | ty) placed in       | service           |           |        |                                       |
| during the tax year   | (see instructions)   | )  |   |             |                     |                   |           | 14     |                                       |
| 15 Property subject to                                      | 15         Property subject to section 168(f)(1) election         15 |  |   |             |                     |                   |           |        |                                       |
| 16 Other depreciation                                       | (including ACRS  | 6)   |   |             |                     |                   |           | 16     | 1,337                                 |
| Part III MACRS  | 6 Depreciation   | on (Don't inc                              | lude listed pr  | operty.)    | (See instrue        | ctions.)          |           |        |                                       |
|   |  |  | S   | ection A    |                     |                   |           |        | 1                                     |
| 17 MACRS deductions   | s for assets place   | ed in service in ta                        | ax years begin  | ning befor  | e 2017              |                   |           | 17     |                                       |
| 18 If you are electing t                                    | o group any ass  | ets placed in ser                          | vice during the   | e tax year  | into one or m       | ore general       |           |        |                                       |
| asset accounts, che   |  |  |   |             |                     |                   |           |        |                                       |
| Section   |  | laced in Serv                              |   |             | Year Using          | g the Genera      | al Depr   | eciati | ion System                            |
| (a) Classification of p                                     |  | (b) Month and year<br>placed in<br>service | (c) Basis for de<br>(business/investion<br>only-see instruction | tment use   | (d) Recovery period | (e) Convention    | (f) Met   | hod    | (g) Depreciation deduction            |
| 19a 3-year property   |  |  |   |             |                     |                   |           |        |                                       |
| <b>b</b> 5-year property                                    |  |  |   |             |                     |                   |           |        |                                       |
| c 7-year property   |  |  |   |             |                     |                   |           |        |                                       |
| d 10-year property  |  |  |   |             |                     |                   |           |        |                                       |
| e 15-year property  |  |  |   |             |                     |                   |           |        |                                       |
| f 20-year property  |  |  |   |             |                     |                   |           |        |                                       |
| g 25-year property  |  |  |   |             | 25 yrs.             |                   | S/        |        |                                       |
| h Residential rental  |  |  |   |             | 27.5 yrs.           | MM                | S/        |        |                                       |
| property  |  |  |   |             | 27.5 yrs.           | MM                | S/        |        |                                       |
| i Nonresidential real                                       |  |  |   |             | 39 yrs.             | MM                | S/        |        |                                       |
| property  |  |  |   |             |                     | MM                | S/        |        |                                       |
|   | - Assets Plac  | ced in Service                             | During 201  | 7 Tax Ye    | ear Using t         | he Alternativ     |           |        | tion System                           |
| 20a Class life  |  |  |   |             | 4.5                 |                   | S/        |        |                                       |
| b 12-year   |  |  |   |             | 12 yrs.             |                   | S/        |        |                                       |
| c 40-year   |  | (ation = )                                 |   |             | 40 yrs.             | MM                | S/        | L      |                                       |
|   | Iry (See instru  |  |   |             |                     |                   |           |        |                                       |
| 21 Listed property. Er                                      |  |  | •••••   | - · · · ·   | •••••               |                   | •••       | 21     |                                       |
| 22 Total. Add amount  |  | 0  | -   |             |                     |                   |           |        | 1 220                                 |
| here and on the app   |  | -  |   |             |                     |                   | • • •     | 22     | 1,337                                 |
| 23 For assets shown a portion of the basis                  |  |  |   |             |                     | 2                 |           |        |                                       |
|   |  |  | - • • • • •   |             |                     | - 1               |           |        |                                       |

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172 2017