## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

TRANS PRIDE INITIATIVE

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

45-4469758

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( ) (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

Name of organization

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Part I	Contributors (	see instructions).	Use duplicate co	pies of Part I	if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1	Fund for Trans Generations Borealis Philanthropy PO Box 3295 Minneapolis, MN, 55403	\$ 17,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Sephora Stands Charitable Trust Tides Foundation 1012 Torney Avenue San Francisco, CA, 94129	\$ 4,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Trans Justice Funding Project Tides Foundation 1014 Torney Avenue San Francisco, CA, 94129	\$10,000_	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Jacques Louis Vidal Charitable Fund Vanguard Charitable 37 Harrison Street New York, NY, 10013	\$1,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Page

of Part II

Name of organization Employer identification number TRANS PRIDE INITIATIVE 45-4469758

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) Description of noncash property given (d) from FMV (or estimate) Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$\_\_\_\_\_

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Part III	Exclusive

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
Part I						
		(e) Transf	er of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	, ,		<u>.</u>			
No.	#N. 5					
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Torontonial managed during and					
	Transferee's name, address, an	IC ZIP + 4	Relation	nship of transferor to transferee		
\ No						
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
aiti						
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use o	of aift	(d) Description of how gift is held		
art I	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(-, 200 0. g		(4, 114 )		
	(e) Transfer of gift					
	Transferee's name, address, an		Relationship of transferor to transferee			
	Totalonsing of transfer to transfer to					