Department of the Treasury

Return of Organization Exempt From Income Tax

, Unde trust

r section 501(c) of the Internal Revenue Code (except black lung benefit or private foundation) or section 4947(a)(1) nonexempt charitable trust	1998
organization may have to use a copy of this return to satisfy state reporting requirements	This Form is Open to Public Inspection
4000 1 1 1 1	

		Service Note The organization may have to use a copy of this return to satisfy state reporting rec		Inspection
		1998 calendar year, OR tax year period beginning , 1998, and ending		<u>, 19</u>
_	eck (f Change of	Please C Name of organization use IRS		Identification numb
Δ	eddress	A-ballan		
	initial return	print or GAY PRIDE CELEBRATION COMMITTEE OF SAN JOSE		<u>011107></u>
	Anal retum	type Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	e number
_	Amended	See Constitution of the contract of the contra		
	muter	Specific PMB 108 1346 THE ALAMEDA 7		
	(required also for	tions City or town, state or country, and ZIP + 4	F Check ▶	If exemption app
	state reporting)	SAN JOSE, CA 95126-5006		is pending
Э Тур	e of org	ganization → X Exempt under section 501(c) (3) ◀ (insert number) OR ▶ 🔃 section 4	947(a)(1) no	nexempt charitab
	-	501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A	(Form 990)	
l (a)	Is this	a group return filed for affiliates? Yes X No I If either box in H is ch	ecked "Yes,"	enter four-digit
		group exemption numb	er (GEN) ▶_	
(b)	If "Yes	," enter the number of affiliates for which this return is filed	Cash	Accrual
(c)	la this a	separate ratum filed by an organization covered by a group ruling? Yes X No Other (specify)	<u> </u>	
Che	eck here	if the organization's gross receipts are normally not more than \$25 000. The organization need	ed not file a re	turn with the IRS,
but	if it rec	eived a Form 990 Package in the mail, it should file a return without financial data. Some states requi	re a comple	ete return
lote.	Form	990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$	250,000 at er	nd of year
art		evenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions		
		Contributions, gifts, grants, and similar amounts received		
		Direct public support		
		ndirect public support	1	
		Government contributions (grants)	1	
		Fotal (add lines 1a through 1c) (attach schedule of contributors)	1	
1			1 d	
		· · · · · · · · · · · · · · · · · · ·	$\overline{}$	152.1
ĺ		Program service revenue including government fees and contracts (from Part VII, line 93)	2	152,1
		Membership dues and assessments	3	
	_	nterest on savings and temporary cash investments	4	
1	5 1	Dividends and interest from securities	5	
	6a (Gross rents	-{	
	ь	ess rental expenses	-	
٠. ا	c	Net rental income or (loss) (subtract line 6b from line 6a	6c	
Revenue	7 '	Other investment income (describe	7	
<u> </u>	8 a (Gross amount from sale of assets other (A) Securities (B) Other	4 1	
윤	(han inventory	1 !	
	ь	ess cost or other basis and sales expenses 8 b	↓	
	С	Gain or (loss) (attach schedule)	↓ │	
1	d i	Net gain or (loss) (combine line 8c, columns (A) and (B))	<u>8</u> d	
	9 :	Special events and activities (attach schedule)		
	a	Gross revenue (not including \$ of	1 1	
	l	contributions reported on line 1a).] [
	b i	Less direct expenses other than fundraising expenses]]	
ļ	l .	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
•	1	Gross sales of inventory, less returns and allowances		
	l .	Less cost of goods sold	7	
	ı	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	l	Other revenue (from Part VII, line 103)	11	· · ·
	l	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	152,1
			13	142,9
S	I	Program services (from line 44, column (B))		
Expenses	f	Management and general (from line 44, column (C))	14	1,3
pe	l	Fundraising (from line 44, column (D))	15	
ũ	i	Payments to affiliates (attach schedule)	16	
<u></u>		Total expenses (add lines 16 and 44, column (A))	17	144,2
iet	1	Excess or (deficit) for the year (subtract line 17 from line 12)	18	7.9
SS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u> </u>
~	20	Other changes in net assets or fund balances (attach explanation)	20	-6,8
et Assets	1		21	

n

OMB No 1545-0047

org	clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) TWO DAY CULTURAL ARTS AND ENTERTAINMENT FESTIVAL	trusts, but optional for others)
	HIGHLIGHTING ACCOMPLISHMENTS OF GAY AND LESBIAN PEOPLE	
	(Grants and allocations \$	142,933
b		
	(Grants and allocations \$	
С		
d	(Grants and allocations \$)	
	(Grants and allocations \$	
0	Other program services (attach schedule) (Grants and allocations \$	
1	Total of Program Service Expenses (should equal line 44, column (B), Program services)	142,933

<u>77-01011</u>107

Part IV Balance Sheets (See Specific Instructions on page 20)

	lote	Where required, attached schedules and amounts	within the description	(A)		(B)
		column should be for end-of-year amounts only	·	Beginning of year	1	End of year
	45	Cash - non-interest-bearing		12,800.	45	11,507.
	46	Savings and temporary cash investments .			46	
						·
	47a	Accounts receivable	47a			
	Ь	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a		.	
	Ь	• •	48b		48c	
	49				49	
•	50	Receivables from officers, directors, trustees, and i	key employees			
		(attach schedule)	• • •	 	50	
	51a	Other notes and loans receivable (attach	les I			
ţ			51a			
Assets		Less allowance for doubtful accounts	51b		51c	
Ä	52 53	Inventories for sale or use			53	
	54	Investments - securities (attach schedule)	•• •• • • • • • • • • • • • • • • • • •		54	
		Investments - land, buildings, and	• • •			
	004	equipment basis	55a			
	ь	Less accumulated depreciation (attach				
	-	schedule)	55b		55c	
	56	Investments - other (attach schedule)			58	
	57a	Land, buildings, and equipment basis	57a			
	ь	Less accumulated depreciation (attach			.	
		schedule)	57b		57c	
	58	Other assets (describe >)		58	
					<u> </u>	
_	59	Total assets (add lines 45 through 58) (must equa	al line 74) • • • •	12,800.	59	<u>11,507</u>
	60	Accounts payable and accrued expenses			60	
	61	Grants payable		<u> </u>	61	
c/s	62 63	Deferred revenue	mployage (attach		62	
를	03	ashedule)	,		63	
Liabilities	649	Tax-exempt bond liabilities (attach schedule)			64a	
Ë		Mortgages and other notes payable (attach schedu			64b	
	65	Other liabilities (describe > SEE STATEMEN		27,600	65	18,400.
			- /			
	66	Total liabilities (add lines 60 through 65)		27, <u>6</u> 00.	66	18,400
	Orga	inizations that follow SFAS 117, check here 🕨 🔀	and complete lines			
	}	67 through 69 and lines 73 and 74]]	
ës	67	Unrestricted	•	-14, <u>800</u> .	67	<u>-6,893.</u>
aŭ	68	Temporarily restricted	•		68	
Bal	69	Permanently restricted			69	
Net Assets or Fund Balances	Orga	inizations that do not follow SFAS 117, check her complete lines 70 through 74	re ▶ and			
F	70	Capital stock, trust principal, or current funds			70	
Š	71	Paid-in or capital surplus, or land, building, and eq	juipment fund		71	
sel	72	Retained earnings, endowment, accumulated inco	-		72	
As	73	Total net assets or fund balances (add lines 67 th				
Net		70 through 72, column (A) must equal line 19 and	column (B) must			
_		equal line 21)		-14,800	73	<u>-6,893</u>
_	74	Total liabilities and net assets/fund balances (ad	ld lines 66 and 73)	<u>12,800</u>	74	<u> </u>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ra	Reconciliation of Revenue per Audited Financial Statements with Revenue per		Financial State	77 - 01011 of Expenses per ments with Expe	Audited
	Return (See Specific Instructions, page 22		Return		
	Total revenue, gains, and other support		penses and losses	1 1	
	per audited financial statements		financial statemen	·	
b	Amounts included on line a but not on		s included on line	a but not	
	line 12, Form 990	on line 1	7, Form 990	i	
(1)	Net unrealized gains	(1) Donated	services		
	on investments \$	and use o	of facilities \$		
(2)	Donated services	(2) Prior year	r adjustments		
	and use of facilities \$	reported	on line 20,		
(3)	Recoveries of prior	Form 990) <u>\$</u>		
	year grants \$	(3) Losses re	eported on		
(4)	Other (specify)	line 20, F	orm 990 \$		
		(4) Other (spe	ecify)		
	Add amounts on lines (1) through (4) ▶ b		\$		
		Add amo	unts on lines (1) thro	ough (4)	
C	Line a minus line b	c Linear	ninus line b	. ▶ €	
đ	Amounts included on line 12,	d Amount	s included on line	17,	
	Form 990 but not on line a	Form 99	90 but not on line a	a·	
(1)	Investment expenses	(1) Investme	nt expenses		
	not included on line	not includ	ded on line		
	6b, Form 990 \$	6b, Form	990 \$		
(2)	Other (specify)	(2) Other (spe	ecify)		
	- -	Add om	ounts on lines (1)	and (2)	
	Add amounts on lines (1) and (2)				
0	Total revenue per line 12, Form 990	•	penses per line 17	, , ,	
	(line c plus line d)		lus line d) · · ·		e Specific
		Employees (Else)	each one even in it	or componicated, or	o oposino
	Instructions on page 22)	(B) Title and average	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	hours per week devoted to position	(if not paid, enter	employee benefit plans & deferred compensation	account and other allowances
		devoted to position			unona.jos
	SEE STATEMENT 4	1	NONE	NONE	NONE
	JEE STATEMENT 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		-]	
		1		i	
		<u>-</u>			
					:
		and company of	more than \$100,000	Trom vour	
75	Did any officer, director, trustee, or key employee receive aggreg				Ves Y No
75	Did any officer, director, trustee, or key employee receive aggreg organization and all related organizations, of which more than \$1 if "Yes," attach schedule - see Specific Instructions on page 22				Yes X No

orm !	990 (1998)	<u>77-010111</u>	<u>07 </u>		age 5
	t VI Other Information (See Specific Instructions on page 23)			Yes	
6 D	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed des	scription of each activity	. 76		<u> X</u>
7 V	Were any changes made in the organizing or governing documents but not reported to the IRS?		. 77		<u> X</u>
	If "Yes," attach a conformed copy of the changes				
8 a C	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	s return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		78Ь		X
9 V	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	statement	. 79		<u> X</u>
0 a !:	is the organization related (other than by association with a statewide or nationwide organization) through co	ommon		}	
n	membership, governing bodies trustees, officers, etc., to any other exempt or nonexempt organization?		. 80a		<u>X</u>
Ы	If "Yes," enter the name of the organization	·	_		
_	and check whether it is exempt OR nonexempt				
1 a E	Enter the amount of political expenditures, direct or indirect, as described in the	1			ı
		1a	_		
	Did the organization file Form 1120-POL for this year?		81Ь		<u>X</u>
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		X
	If "Yes," you may indicate the value of these items here. Do not include this amount				
8	as revenue in Part I or as an expense in Part II (See instructions for reporting in	1		1	
		2Ь N/А	-		.,
3a D	Did the organization comply with the public inspection requirements for returns and exemption applications?		. 83a		<u> X</u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b		<u>X</u>
	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		<u>_X</u>
b II	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	or gifts were not tax deductible?		84b		<u>X</u>
	501(c)(4), (5), or (6) organizations - a Were substantially all dues nondeductible by members?		85a		<u> X</u>
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • • •	. 85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				
	received a waiver for proxy tax owed for the prior year	1 11			
		5c N/A	:	i	
	, , , , , , , , , , , , , , , , , , ,	5d N/A	_ i	i	
e A		<u>бе</u> N/A			
		sr N/A	_		.,
_	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		. 85g		<u> X</u>
	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its r	reasonable			.,
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	• • • • • • • • • • • • • • • • • • • •	. 85h		<u> X</u>
	501(c)(7) organizations Enter a Initiation (ees and capital contributions included on	1		ļ	
		6a N/A			
		<u>вь N/A</u>	- i ∣	1	
	501(c)(12) organizations Enter				
	· · · · · · · · · · · · · · · · · · ·	7a N/A	⊣		
	Gross income from other sources (Do not net amounts due or paid to other	AL / A			
	•	7Ь N/A		i	
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		_		v
	partnership? If "Yes," complete Part IX	•	88		<u>X</u> .
	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				v
	transaction during the year? If "Yes," attach a statement explaining each transaction		89b		^_
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912 4955, and 4958				
	Enter Amount of tax in 89c, above, reimbursed by the organization	▶.			
	List the states with which a copy of this return is filed CALIFORNIA		1001	NON	
	Number of employees employed in the pay period that includes March 12, 1998 (See instructions)	Talanhar	190P	NON	
	The books are in care of ▶ DAVE KERTES	_ Telephone no ►	6		
	Located at SAME AS MAILING Section 4947(a)/(1) personnel chartable trusts films Form 999 in leave of Form 1941. Check here	_ ZIP + 4 ►9512	U		77
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041Check here	N laa l	N/	Δ -	۔
а	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	<u> </u>		

Form 990 (19			- 10 0			77-010	11107 Page 6
Part VII	Analysis of Income-Product						
	amounts unless otherwise	Unre (A)	lated business inc	(0)	by section 51		(E) Related or
indicated		Business	(B) Amount	Exclusion	on An	(D) nount	exempt function
_	em service revenue	code		code			income
• <u>PR I</u>	DE FESTIVAL						<u>152,140</u>
ь							
c				_			
d							
•	. <u></u>						
f Medica	are/Medicaid payments						
g Fees a	and contracts from government agencies						
94 Memb	ership dues and assessments						<u></u>
95 Interest	on savings and temporary cash investments						
96 Divide	ends and interest from securities .				_		
97 Net re	ental income or (loss) from real estate		·		<u> </u>		
a debt-f	inanced property						
b not de	ebt-financed property						
98 Net rent	tal Income or (loss) from personal property .				<u> </u>		
99 Other	investment income						<u>_</u>
100 Gain or	(loss) from sales of assets other than inventory			· · ·			<u>.</u>
101 Net in	come or (loss) from special events						
	profit or (loss) from sales of inventory						
103 Other	revenue a						
ь							
c			·	·	<u> </u>		···
d			-				
e							
	tal (add columns (B), (D), and (E))						152,140
	(add line 104, columns (B), (D), and (E				• • •	▶	<u>152,140.</u>
	105 plus line 1d, Part I, should equal th		 				
Part VIII							
Line No	Explain how each activity for which		•		-	tantly to the accor	nplishment
	of the organization's exempt purpos						
_93	FESTIVAL SERVES TO				JUI THE	LIFESTYL	<u>E</u>
	AND CULTURE OF LE	SRIAN	AND GAY	PEOPLE.			
						·	
	<u> </u>						<u></u>
				 			
				· · · · · · · · · · · · · · · · · · ·			
	ļ						
B (IV		:-					
Part IX	Information Regarding Tax				ıf the "Yes"	box on line 8	8 is checked.)
Na	ime, address, and employer identificati number of corporation or partnership	ion	Percentage of ownership	Nature of business activit	ties	Total income	End-of-year assets
	and the second s		ınterest				
		· -	%				
			%				
			%	·- · · · · · · · · · · · · · · · · · ·			
			% etun	neluding accomeses	ung schedules en	d statements and t	o the best of my knowledge
			epare	r (other than officer) is	based on all infor	nation of which prep	parer has any knowledge

David m Korks · President

SCHEDULE A (Form'990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information
See separate instructions

Department of the Treasury Internal Revenue Service Name of the organization

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification sumber

OMB No 1545 0047

GAY PRIDE CELEB			N JOSE 7	7-01011107
Part 1 Compensation of the Five High			Officers, Directo	ors, and Trustees
(See instructions on page 1 List ear	Ch one If there are (b) Title and average	e none, enter "Non	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50 000	hours per week	(c) Compensation	employee benefit plans &	account and other
11131 450 000	devoted to position		deferred compensation	allowances
NONE				
			-	
		ĺ		
	1			
	. 🚽		1	
	<u> </u>			
			1	
 	 		 	
Total number of other employees paid over			<u> </u>	
\$50,000	.			
Part II Compensation of the Five High	est Paid Indeper	ndent Contracto	rs for Profession	al Services
(See instructions on page 1 List ea				
(a) Name and address of each independent contractor pai	d more than \$50 000	(b) Type	of service	(c) Compensation
		(-) -)		(c) component
NONE		•		
NONE				
	·			
				<u> </u>
		1		
	- 			
		 		
			1	
Total number of others receiving over \$50,000 for	T			
professional services				
5 5 15 1 2 4 4 1 2 4 4 4 4		- 000 C 000 C3	,	Data dall Aug. anni 1000

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ JSA

Schedule A (Form 990) 1998

hedu	e A (Farm 990) 1998 77 - 0 10 1 1 1	07 -	F	×
art	Statements About Activities		Yes	ı
ı	uring the year, has the organization attempted to influence national, state, or local legislation, including any			r
	ttempt to influence public opinion on a legislative matter or referendum?	_1_		L
ı	"Yes," enter the total expenses paid or incurred in connection with the lobbying activities			
(organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
(rganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of	1		
t	ne lobbying activities	İ		
ı	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any	1		
	f its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable			
(rganization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal	1		١
	eneficiary:	1		
;	ale, exchange, or leasing of property?	2 a		
i	ending of money or other extension of credit?	2 b		
١	urnishing of goods, services, or facilities?	2 c		<u> </u>
ı	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		
		Ţ		
	ransfer of any part of its income or assets?	2e		Ľ
١	the answer to any question is "Yes," attach a detailed statement explaining the transactions		Ì	l
,	loes the organization make grants for scholarships, fellowships, student loans, etc?	3		
	o you have a section 403(b) annuity pfan for your employees?	4a		
	ttach a statement to explain how the organization determines that individuals or organizations receiving grants			
	r loans from it in furtherance of its charitable programs qualify to receive payments. (See Instructions on page 2.)			_
art	Reason for Non-Private Foundation Status (See instructions on pages 2 through 4)			
e or	panization is not a private foundation because it is (Please check only ONE applicable box.)	· ·		
L	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
L	A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 4)			
ŀ	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iil)			
H	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
L	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name,	city,		
٢	and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)			
L	(Also complete the Support Schedule in Part IV-A)	і ДАДІІ	"	
۱	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
_	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
ь[A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
L	🚺 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross	;		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui	ıred		
۲	by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
L	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	S		
	described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
	Provide the following information about the supported organizations (See instructions on page 4)			
	(a) Name(s) of supported organization(s) (b) Line r		r	
	from a	DOVE		
		-		

Schedu	e A (Form 990) 1998				<u> 77-0101</u>	<u>1107</u>	Page 3
Part I	V-A Support Schedule (Complete only if you	u checked a box o	in line 10, 11, or 12)	Ise cash method of a	ecounting		
	Note You may use the worksheet in the ins	tructions for conve	rting from the accrual t	to the cash method o	f accounting		
Calend	ar year (or fiscal year beginning in)	(a) 1997	(ь) 1996	(c) 1995	(d) 1994	-	(e) Total
15 (Gifts, grants, and contributions received (Do						
	ot include unusual grants See line 28) •				<u> </u>		
16 A	fembership fees received •			<u> </u>			
17 G	oss receipts from admissions,					1	
m	erchandise sold or services performed, or						
fu	rnishing of facilities in any activity that is			İ			
no	ot a business unrelated to the organization's			1		- 1	
c	aritable, etc. purpose · · ·				<u> </u>		- <u>-</u>
18 (Gross income from interest, dividends,						
a	mounts received from payments on securities						
3:	pans (section 512(a)(5)), rents, royalties, and						
ι	nrelated business taxable income (less						
s	ection 511 taxes) from businesses acquired						
t	y the organization after June 30, 1975			L			
19 h	let income from unrelated business						-
	ictivities not included in line 18						
20 7	ax revenues levied for the organization's						
	enefit and either paid to it or expended on						
	ts behalf						
	The value of services or facilities furnished to						
	he organization by a governmental unit						
	vithout charge. Do not include the value of						
	ervices or facilities generally furnished to the						
	public without charge						
	Other income Attach a schedule Do not	-	-		 		
	nclude gain or (loss) from sale of capital assets						
					-		
	Total of lines 15 through 22		 				
	ine 23 minus line 17 · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-	+	
	Enter 1% of line 23	E-1 00/ -f	nt ın column (e), lıne 2	A NOT APPL	ICABLE	_	 -
	Organizations described in lines 10 or 11 a li Attach a list (which is not open to public inspection		• • •		INVALE PIX	oa (
	person (other than a governmental unit or publicly s					1	
	1997 exceeded the amount shown in line 26a. Enter			ici 1994 bilough		ا ۵	
	1997 exceeded the amount shown in line 208. Enter	r the sum of all the	se excess amounts		2	6Ь	
_		lu (-)			. .	.	
	Total support for section 509(a)(1) test. Enter line 24				▶ 2	6c	
d /	• • • • • • • • • • • • • • • • • • • •		19		_ _		
_	22		26b	 •	· · · · · · · · · · · ·	6d	
	Public support (line 26c minus line 26d total)				` ` . -	6e	
	Public support percentage (line 26e (numerator) d			<u> </u>		6f	%
	Organizations described on line 12 a For amoun				· ·		
	person attach a list to show the name of, and total	amounts received	in each year from ea	ch "disqualified pers	on " Enter the sum		
	of such amounts for each year						
	1997) (1996)						
ь	For any amount included in line 17 that was receive	d from a nondisqu	ralified person, attach	a list to show the nar	ne of, and amount		
	eceived for each year, that was more than the large	er of (1) the amou	nt on line 25 for the y	year or (2) \$5,000 (Include in the list		
(organizations described in lines 5 through 11, as we	eli as individuals)	After computing the o	difference between the	e amount received		
	and the larger amount described in (1) or (2), enter the	he sum of these d	ifferences (the excess	amounts) for each ye	аг		
(1997) (1996)		(1995)		(1994)_		
c .	Add Amounts from column (e) for lines 15		16				
	17 20		21		- ▶ 2	7 c	
d	Add Line 27a total	and line 27b total			▶ 2	7 d	
8	Public support (line 27c total minus line 27d total)			•	. —	7e	
f	Total support for section 509(a)(2) test. Enter amou	ınt on line 23, colui	mn (e)	▶ 271	·		
g	Public support percentage (line 27e (numerator)	•			> 2	7g	NONE %
h	Investment income percentage (line 18, column (•	,	ominator))			NONE %
28	Unusual Grants For an organization described in lin	e 10 11 or 12 th	at received any unusu	ual grants during 199	94 through 1997.		
	attach a list (which is not open to public inspection)						
JŠA	grant, and a brief description of the nature of the gr	ant no not incing	e viese grants in line 1	o lose instructions o	л раус 4)		

Part V

Private School Questionnaire (See instructions on page 4)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		-
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
8	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		_
•	Educational policies?	33e		
f	Use of facilities?	33f	_	
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	if you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		}	
348	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		-
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev_Proc_75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation .	35		

Sch	edute A <u>(Form 990),1998</u>						77 <u>-010</u>	11107 Page
Pa		cpenditures by Elect pleted ONLY by an e)	T APPLICABL
	· 	e organization belongs ou checked "a" ab <u>ove a</u>	- ,					
Cili	Ĺ	imits on Lobbying "expenditures" means	Expenditures			Affiliate	a) d group als	(b) To be completed for ALL electing organizations
36	Total lobbying expendi				36			organizations
37	Total lobbying expendi	· · · · · · · · · · · · · · · · · · ·			37			
38	Total lobbying expendi				38			
39	Other exempt purpose	•			39			
40	Total exempt purpose	=	38 and 39)		40			
41	Lobbying nontaxable a	mount Enter the amou	nt from the following	table -				
	If the amount on line 4	10 is - The lob	bying nontaxable ar	mount is -				
	Not over \$500,000 .	20% of th	e amount on line 40					
	Over \$500,000 but not over		plus 15% of the excess					
	Over \$1,000,000 but not ove		plus 10% of the excess	,	41			
	Over \$1,500,000 but not ove		plus 5% of the excess o	ver \$1 500 000		,		
42	Over \$17,000 000 Grassroots nontaxable	\$1 000 0 amount (enter 25% of			42			
43	Subtract line 42 from li			36	43			
44	Subtract line 41 from II			•	44	···		
				• • •				
_	Caution If there is an							
	(Some organization	ons that made a secti	Averaging Period on 501(h) election tructions for lines	do not have to	comp	olete all of	the five c	olumns below
_			Lobbying Expendi	r-··-	- rear			·
	Calendar year (or fiscal	(a)	(b)	(c)		· -	d)	(e)
	year beginning in) ▶	1998	1997	1996		18	95	Total Total
A 5	Lobbying nontaxable amount							
7.5	Lobbying ceiling amount							
46	(150% of line 45(e))				ł			
47	Total lobbying expenditures	<u></u>						
	Grassroots nontexable				ļ			
48	amount							
	Grassroots ceiling amount			1				
<u>49</u>	(150% of line 48(e)) Grassroots lobbying			 				
50	expenditures							
		ctivity by Nonelectin	g Public Charities					
	(For report	ng only by organizati	ons that did not co	mplete Part VI-	4) (S	ee instruct	lions on pa	ge 8)
	ring the year, did the organ	•		_	ng any	,	Yes No	Amount
	empt to influence public opi	nion on a legislative matte	er or referendum, throug	gh the use of			ļ	
	Volunteers			· • .			X	
	Paid staff or managem	ient (include compensa	ition in expenses rep	oorted on lines c ti	hrough	nn) .	X	
ب د		equelatore or the public		•		•	X	
a e	Mailings to members, li Publications, or publish		• • • •		•	•	_ x	<u> </u>
f	Grants to other organization		· · · · · · · · · · · · · · · · · · ·			• •	- x	
9			•	r a legislative bod	 У .	•	$\frac{1}{x}$	· · · · · ·
	Railies, demonstration					•	X	
i	<u> </u>	tures (add lines c throu	•	•		-		
		•	J	•	•			
	If "Yes" to any of the a			uled description o	· if the l	abbuna sa	hvities	

		Exempt Organizations					
51	Did the re	porting organization direc	tly or indirectly engage in any of the follo	owing with any other organization desc	ribed in	sect	on
	501(c) of	the Code (other than sect	ion 501(c)(3) organizations) or in sectio	n 527, relating to political organizations	?		_
a	Transfers	from the reporting organi	zation to a noncharitable exempt organiz	zation of	[Yes	No
	(i) Cash	·			51a(i)		X
	(ii) Othe	r assets .			a(li)		<u>X</u>
þ	Other tran	sactions				J	
	(I) Sale	s of assets to a noncharit	able exempt organization		b(i)		_X
			oncharitable exempt organization		b(ii)		<u>X</u>
			nt		b(III)		<u>X</u>
		nbursement arrangements			b(iv)		<u>X</u>
		ns or Ioan guarantees			b(v)		<u>_X</u>
			embership or fundraising solicitations	·· · · · · · · · · · · · · · · · · · ·	b(vi)		<u>X</u>
			iling lists, other assets, or paid employee	-	C		<u>X</u>
d			s," complete the following schedule Column		of the		
	-		by the reporting organization. If the organization				
		· · · · · · · · · · · · · · · · · · ·	ow in column (d) the value of the goods, other				
	(a)	(b)	(c)	(d)			
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sha	inng arran	gemer	its
-	-	· · · · · · · · · · · · · · · · · · ·	 				
			 				
_		<u> </u>				-	
_							
							_
							
			_				
			<u> </u>				
		<u>L</u>	1				
52			ectly affiliated with, or related to, one or		-		,
			Code (other than section 501(c)(3)) or a	n section 527? ▶ L	Yes	LX	No
	b If "Yes, "	complete the following so					
		(a)	(b)	(c)			
	Nai	me of organization	Type of organization	Description of relationshi	p	_	
							
_			 				
			 				
			-		·		
_							
		· · · · · · · · · · · · · · · · · · ·			·		
_							
_							
_							
_							
_							
_		 -	<u> </u>				
	_			* *			

STATEMENT

OTHER EXPENSES	
_	
PART	
, 096 h	
FORM	

DESCRIPTION	TOTAL	SERVICES	MANAGEMENI AND GENERAL
	1 1 1	 	
PERMITS		0	
ADVERTISING	, 76	, 76	
BEVERAGES	00	00,	
CLEAN UP	0	20	
COMMISSION	50	.50	
FESTIVAL COORDINATOR	0	10	
LODGING	850.	850.	
CE	Ŋ	S	
MISC	8,	8,	
INSURANCE	, 26	,26	
ENTERTAINMENT - ACTS	0,05	, 05	
MAGAZINE COSTS	, 74	5,74	
PARK FEES	00	00,	
PHOTOS/POSTAGE	2,200.	0	
PORTA POTTIES	, 72	,72	
PRODUCTION CREW	00.	00	
PRODUCTION SUPPLIES	00	00	
SALES TAX	, 71	.71	
SECURITY	00,	00	
SOUND SYSTEMS	, 97	, 97	
STAGING	, 73	, 73	
T-SHIRTS	-	S	
TENTS	. 13	. 13	
COMMUNICATIONS		0	
SIGNAGE FEES	2,000.	0	
RENT/STORAGE	00,	90	
OFFICE SUPPLIES			1,300.
PARADE EXPENSES	38	8,383	
	 - - -	 - - -	ı
TOTALS	144,233	142,933.	1,300.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE THE PUBLIC ABOUT THE LIFESTYLE AND CULTURE OF GAY AND LESBIAN PEOPLE.

GAY P	RIDE	CELEBRATION	COMMITTEE	OF	SAN	JOSE
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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

PRIOR FESTIVAL DEBT

18,400.

TOTALS

18,400.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TED SAHL 45 N 1ST ST SAN JOSE, CA 95113	PRESIDENT 10	NONE	NONE	NONE
MARK HOFFMAN 39 N KEEBLE STREET SAN JOSE, CA 95126	VICE-PRESIDENT 10	NONE	NONE	NONE
GEORGE GONZALES 39 SOUTH 9TH STREET SAN JOSE, CA 95112	TREASURER 10	NON	NONE	NONE
	GRAND TOTALS		NONE	NONE

8SPSLN 1 000