Form 9.90

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2001

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

A Fo	r the 2	01 calendar year, or tax year beginning		, 20	01, and ending		-
Вст	ck if applicab	• •				D Employe	er identification number
X	Address Change	use IRS GAY PRIDE CELEBRATION CO	MMITTEE OF S	SAN JOSE		77-01	01107
Щ	Name char	Number and street (or P O box if m	ail is not delivered to	street address)	Room/suite	E Telepho	ne number
	initial return	type					
	Final return	Specific PMB 108 1346 THE ALAMEDA	SUITE		7	()	
	Amended	bistruc City or town state or country, and ZI	P + 4			F Accounting method	Cash Accrual
	Application pending	tons SAN JOSE, CA 95126-2699		_		Ot	her (specify)
		• Section 501(c)(3) organizations and 4947	(a)(1) nonexempt cl	haritable	H and I are not app	licable to se	ction 527 organizations
		trusts must attach a completed Schedule	A (Form 990 or 990)-EZ)	H(a) is this a grou	return for af	filiates? Yes X No
3 W	/eb site				H(b) If "Yes" ente	r number of a	ffiliates 📐
0	rganizate	on type (check only one) ▶ X 501(c) (3) ◀ (insert	no) 4947(a)(1)	or 527	H(c) Are all affiliate	s included?	Yes X No
(C	heck here	of the organizations gross receipts are no	rmally not more than	\$25 000 The	(If "No," attac		
0	rganizatio	n need not file a return with the IRS but if the organi	zation received a Form	990 Package	H(d) is this a separat organization co		
		it should file a return without financial data. Some states r			I Enter 4-digit G		
	 -		· · · · · · · · · · · · · · · · · · ·		M Check ▶	if the o	rganization is not required
G	ross rece	ipts Add lines 6b 8b 9b and 10b to line 12	2	95,481.	to attach Sch	B (Form 990	990-EZ or 990-PF)
ar		venue, Expenses, and Changes in Net Asse			fic Instructions	on page 10	6)
	т. —	Contributions, gifts, grants, and similar amounts rec					
		Direct public support	ı	1 a			
	1 -	ndirect public support	F F	1 Б	· <u>-</u>	1	
	1	Sovernment contributions (grants)	<u> -</u>	1 c	·	1	
	1	otal (add lines 1a through 1c) (cash \$	noncash \$			18	
	1	Program service revenue including government fee		Part VII. line 93		2	295,481
	1 .	Membership dues and assessments			•	3	
	Ι.	nterest on savings and temporary cash investments		•	•	4	
	1 _	Dividends and interest from securities		• • •	•	5	· · · · · · · · · · · · · · · · · · ·
	1 .	Gross rents	ſ	6a			
	1 .	ess rental expenses	-	6b		1	
	1	Net rental income or (loss) (subtract line 6b from line	_	<u>, , , , , , , , , , , , , , , , , , , </u>	••	6c	
9	1 _	Other investment income (describe	5 (a)		. ,	7	
Revenue	1 _	` —	(A) Secunties	(B)	Other	 	· · · · · · · · · · · · · · · · · · ·
2	1		-	Ba Sa	Onig	1 1	
_	1 .	han inventory		Bb		1	
	1	.ess cost or other basis and sales expenses		Bc		1	
	1 -	Gain or (loss) (attach schedule)		<u> </u>		84	
	1 -	Net gain or (loss) (combine line 8c, columns (A) and	(6))	•			
	1	Special events and activities (attach schedule) Bross revenue (not including \$	of				
	1		—— [«] " і	9a			
	Ι.	contributions reported on line 1a)	Γ.	9 b	- 	1	
	1	ess direct expenses other than fundraising expensi-	-	<u> </u>		9c	
	1	Net income or (loss) from special events (subtract li	· 1	اء	•		
	1 .	Gross sales of inventory less returns and allowances	F	Oa		┨	
	1	ess cost of goods sold	_	Db	- 10-)	1,,,	
	1	Gross profit or (loss) from sales of inventory (attack	scriedule) (subtract	mie ivo irom lin	e rua)	10c	
	1	Other revenue (from Part VII, line 103)	0. 10. 25.44	RECE	VFD	12	205 405
	1	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d,	ac, ruc, and 11			13	295,481.
2	1 .	Program services (from line 44, column (B))	814	400 0 -	360.0%	14	290,519.
Expanses	1	Management and general (from line 44, column (C))	 	APR 05	2002 기기	15	
χĎ	1	Fundraising (from line 44, column (D))	İi	<u></u>	풀		
ш	1	Payments to affiliates (attach schedule)		OGDE		16	
	7	Total expenses (add lines 16 and 44 column (A)		<u> </u>	<u> </u>	17	290,519.
Assats	1	Excess or (deficit) for the year (subtract line 17 from	•	• * *		18	4,962.
		Net assets or fund balances at beginning of year (fr		۹))		19	3,657.
ž		Other changes in net assets or fund balances (attac				20	
_	21	Net assets or fund balances at end of year (combin	e lines 18, 19, and 20	0)		21	<u>8,619</u> .

For Pap JSA 161010 2 000 erwork Reduction Act Notice, see the separate instructions Form 990 (2001)

	m 990 (2001)	_			101107	Page
P.	Statement of All org	enizat ction	ions must complete column 4947(a)(1) nonexempt charit	(A) Columns (B) (C) and (i able trusts but optional for o	D) are required for section 50 others. (See Specific Instruction	1(c)(3) and (4) organization ons on page 21)
	Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	NONE			
26	Other salaries and wages .	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
	Payroll taxes	29		 		
30	Professional fundraising fees	30				
	Accounting fees	31			 	
	Legal fees	32			<u> </u>	
	Supplies	33				
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36	ļ ļ-	·		
	Equipment rental and maintenance	37				
	Printing and publications	38				
	Travel	39		<u> </u> .		· · · · · · · · · · · · · · · · · · ·
	Conferences conventions, and meetings	40				
	Interest .	41				
	Depreciation depletion etc (attach schedule) Other expenses not covered above (itemize) STMT 1	42 43a	200 510	200 E10		
	_	43a 43b	290,519.	290,519.		
	-	43c				
	 d	43 <u>d</u>				
		43e		<u> </u>		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	290,519.	290,519.		
Joi	nt Costs Check ► If you are follow					<u> </u>
Аге	any joint costs from a combined educational	camp	aign and fundraising solic	itation reported in (B) Pro	gram services?	Yes X No
lf "Y	es " enter (i) the aggregate amount of these jo	ınt co	sts \$, (u) the amount alloca	ated to Program services	\$
(H)	the amount allocated to Management and gen	eral \$, and (iv) the amount a	llocated to Fundraising \$	
P	art III Statement of Program Ser	vice	Accomplishments	s (See Specific In	structions on page	e 24)
Wh	at is the organization's primary exempt purpose	? 🕨	STMT 3			Program Service Expenses
of	organizations must describe their exempt p clients served, publications issued, etc. Disc anizations and 4947(a)(1) nonexempt charital	uss :	achievements that are n	ot measurable (Section	n 501(c)(3) and (4)	(Required for 501(c)(3) an (4) orgs, and 4947(a)(1) trusts, but optional for others)
_	CELEBRATION. TWO DAY CULTU			_		
	FESTIVAL HIGHLIGHTING ACCOM LESBIAN PEOPLE.	PLI				
		- ·	(Grants ar	nd allocations \$	· · · · · · · · · · · · · · · · · · ·	268,969
b	PARADE. FEATURED VARIOUS G	ROU:	PS AND CONTINGE	NTS FROM WITHI	N	
	THE GAY AND LESBIAN COMMUNI					
			(Grants ar	nd allocations \$)	21,550
_						

(Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See Specific Instructions on page 24)

	, -			· · · · · · · · · · · · · · · · · · ·		
١	lote	Where required, attached schedules and amounts	within the description	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing		 	AE	
		•		3,657.		8,619.
	46	Savings and temporary cash investments .	•		46	
	4	Associate associately	147-1	•		
		Accounts receivable	47a	-	<u> </u>	
	b	Less allowance for doubtful accounts .	47b	 	47c	
		B				
		Pledges receivable	48a	4	1	
		Less allowance for doubtful accounts .	48b	<u> </u>	48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and	key employees			
		(attach schedule)			50	 _
	51a	Other notes and loans receivable (attach	I I			
ın.		schedule)	51a	-		
Assets	b	Less allowance for doubtful accounts	51b		51c	
۸	52	Inventories for sale or use	• •		52	
	53	Prepaid expenses and deferred charges .			53	
	54	Investments - securities (attach schedule)	. Cost FMV		54	
	55a	Investments - land, buildings, and	1 1			
		equipment basis	55a	_		
	Ь	Less accumulated depreciation (attach	11			
		schedule)	55b		55c	
	56	Investments - other (attach schedule)	1 1		56	
	•	Land, buildings, and equipment basis	57a	_		
	b	Less accumulated depreciation (attach				
	ŀ	schedule)	57b		57c	
	58	Other assets (describe >)		58	·
_	59_	Total assets (add lines 45 through 58) (must equ	al line 74)	3,657.	-	
	60	Accounts payable and accrued expenses	•		60	
	61	Grants payable	•		61	
	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key el	mployees (attach		<u> </u>	
틏		schedule)			63	
ᄪ	ı	Tax-exempt bond liabilities (attach schedule)			64a	
_	ı	Mortgages and other notes payable (attach sched	ule) .		64b	
	65	Other liabilities (describe ►)	-	65	
	Ì				1 1	
_	66	Total liabilities (add lines 60 through 65)			66	
	Orga	anizations that follow SFAS 117, check here ▶ L	X and complete lines			
		67 through 69 and lines 73 and 74			<u> </u>	
Ses	67	Unrestricted		3,657		8,619.
aŭ	68	Temporarily restricted	•		68	
Bal	69	Permanently restricted	.		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check he complete lines 70 through 74	re ▶ and			
Ţ	70	· · · · · · · · · · · · · · · · · · ·			70	
ō	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and et	nument fund		71	
ets	72	Retained earnings, endowment, accumulated income			72	
\ 55	73	Total net assets or fund balances (add lines 67 ti			 ' 	
≯ †€	į , ,	70 through 72,	mough op OIX mics			
ž		column (A) must equal line 19, and column (B) mi	ust equal line 21)	3,657.	73	8,619.
	74	Total liabilities and net assets / fund balances (a				
_	74	Total natificies and her assets / Tund balances (a	idd illes oo allo 73)	3,657.	14	<u>8,619.</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.

Part IV-A	Reconciliation of Revent	•	Part IV-B	77-010110 Reconciliation		
	Financial Statements wi	•		Financial State	ements with Exp	enses per
	Return (See Specific Insti	ructions, page 26	3)	Return		
	nue, gains, and other support		a Total	expenses and lo	sses per	
per audited	financial statements	a	audited	financial statemen	its . ▶ a	
	ncluded on line a but not on		b Amoun	ts included on line	a but not	
line 12, Fo	rm 990		on line	17, Form 990		
1) Net unrealiz	ed gains		(1) Donated	services		
on investme	nts <u>\$</u>		and use	of facilities \$	l i	
2) Donated ser	vices		(2) Prior yea	ar adjustments		
and use of f	acılıtıes \$		reported	on line 20	i I	
3) Recoveries	of prior		Form 99	0 <u>\$</u>		
year grants	· <u>\$</u>		(3) Losses r	•		
4) Other (speci	fy)			Form 990 <u>\$</u>		
· · · · · ·			(4) Other (sp	pecify)		
	<u> </u>			 _		
Add amoul	nts on lines (1) through (4) ▶	D		<u> </u>	 ,	
Line & min	is line h			ounts on lines (1) thro	, , , , , , , , , , , , , , , , , , ,	
Line a mini	us line b	C		ninus line b ts included on line	17 ► C	
	nciuded on line 12, but not on line a					
				90 but not on line a	'	
1) Investment (1) not included	'		(1) Investme	-		
6b, Form 99	• • • • • • • • • • • • • • • • • • • •			ded on line		
ob, Form 99 2) Other (speci			6b, Form	· · · · · · · · · · · · · · · · · · ·	···-	
z) Other (speci	·y)		(2) Other (sp	респу)		
	•					
		! 	<u> </u>			
Add amou	nts on lines (1) and (2)	ial	me bbΔ	ounts on lines (1)	and /2\ ▶ d l	
		d		ounts on lines (1) a	· · · · · · · · · · · · · · · · · · ·	
Total rever	nue per line 12, Form 990		e Total ex	φenses per line 17	· · · · · · · · · · · · · · · · · · ·	
Total rever (line c plus	nue per line 12, Form 990 line d)	6	e Total ex	openses per line 17 plus line d)	', Form 990 • ▶ e	ee Specific
Total rever (line c plus Part V List	nue per line 12, Form 990	6	e Total ex	openses per line 17 plus line d)	', Form 990 • ▶ e	ee Specific
Total rever (line c plus Part V List	nue per line 12, Form 990 line d) t of Officers, Directors, Tructions on page 26)	6	e Total ex (line c p Employees (List	openses per line 17 blus line d) each one even if n	', Form 990 • ▶ e	(E) Expense
Total rever (line c plus Part V List	nue per line 12, Form 990 line d) tof Officers, Directors, Tr	6	e Total ex (line c p Employees (List	penses per line 17 blus line d) each one even if n	', Form 990 • • • • e ot compensated, s (D) Contributions to	(E) Expense
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot allowances
Total rever (line c plus Part V List	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 plus line d) each one even if n (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and of
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot allowances
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Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and of allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and of allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and of allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and of allowances
Total rever (line c plus Part V Lis Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	6	e Total ex (line c p Employees (List	cpenses per line 17 blus line d) each one even if n (C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and oil allowances
Total rever (line c plus Part V Lisi Inst	ine d) t of Officers, Directors, Tructions on page 26) (A) Name and address	e ustees, and Key	e Total ex (line c p Employees (List (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-) NONE	ot compensated, si (D) Contributions to employee benefit plans & deferred compensation - 0 -	(E) Expense account and of allowances
Total rever (line c plus Part V Lisi Inst EEE STATEM 5 Did any offic organization	nue per line 12, Form 990 line d) t of Officers, Directors, Triructions on page 26) (A) Name and address ENT 4	loyee receive aggreg	e Total ex (line c p Employees (List (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-) NONE	ot compensated, s (D) Contributions to employee benefit plans & deferred compensation - 0 -	(E) Expense account and oil allowances

01111	990 (2	2001) 77-010	1107		F	Page 5
Pari	i VI	Other Information (See Specific Instructions on page 27)			Yes	No
76 [Oid the	organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed des	conption of each activity	. 76		X
77 V	Nere a	iny changes made in the organizing or governing documents but not reported to the IRS?		77		x
I	f "Yes	attach a conformed copy of the changes				
78a (Ord the	organization have unrelated business gross income of \$1,000 or more during the year covered by this	return?	78a		x
b 1	f "Yes	" has it filed a tax return on Form 990-T for this year?	•	78b		x
79 V	Nas th	ere a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a	statement	79		x
80a I	s the (organization related (other than by association with a statewide or nationwide organization) through o	ommon]]	
г	nembe	ership governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		80a		X
bΙ	f "Yes	" enter the name of the organization >				
_		and check whether it is exempt OR nonexempt				
B1a E	Enter o	Irrect or indirect political expenditure. See line 81 instructions	1a			
þ í	Old the	organization file Form 1120-POL for this year?	• •	81b		X
82a [Did the	organization receive donated services or the use of materials, equipment, or facilities at no charge				
c	or at s	ubstantially less than fair rental value?	•	82a		X
ы	f "Yes	" you may indicate the value of these items here. Do not include this amount				l
â	as reve	unue in Part I or as an expense in Part II (See instructions in Part III)	2b N/2	<u> </u>		l
83a (Old the	organization comply with the public inspection requirements for returns and exemption applications?		83a		x
ь (Oid the	organization comply with the disclosure requirements relating to quid pro quo contributions?		83b		X
84a (Did the	organization solicit any contributions or gifts that were not tax deductible?	•	84a		X
b l	f "Yes	did the organization include with every solicitation an express statement that such contributions				
C	or gifts	were not tax deductible?	•	84Ь		X
85 3	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	•	85a		X
ь	Old the	organization make only in-house lobbying expenditures of \$2,000 or less?		. 85b		X
		was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				l
r	eceive	d a waiver for proxy tax owed for the prior year	ı			l
c (Dues,	assessments, and similar amounts from members	5c N/2]	
d S	Section	n 162(e) lobbying and political expenditures	5d <u>N/2</u>			
e /	Aggreg	ate nondeductible amount of section 6033(e)(1)(A) dues notices	5e N/2	1		
f	Taxabl	e amount of lobbying and political expenditures (line 85d less 85e)	5f N/2	1		
g (Does t	he organization elect to pay the section 6033(e) tax on the amount in 85f?		85g		X
h I	f secti	on 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its r	easonable	İ		l
•	estima	te of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ı	85h		<u>x</u>
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	6a N/1			l
			6b N/2			l
		• • • • • • • • • • • • • • • • • • • •	7a N/1	-	1	ì
Ь	Gross	income from other sources. (Do not net amounts due or paid to other				
		· · · · · · · · · · · · · · · · · · ·	7b N/2	<u> </u>		İ
88 /	At any	time during the year, did the organization own a 50% or greater interest in a taxable corporation or				<u> </u>
		rship, or an entity disregarded as separate from the organization under Regulations sections				Í
		01-2 and 301 7701-3? If "Yes," complete Part IX		88	_	_ X
		(3) organizations Enter Amount of tax imposed on the organization during the year under				l
		1 4911 ► N/A , section 4912 ► N/A , section 4955 ►	N/2	\		l
		3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		İ		
	_	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			1	l
		ment explaining each transaction	• •	<u> 89b</u>		<u>x</u>
		Amount of tax imposed on the organization managers or disqualified persons during the year under				
	_	ns 4912, 4955, and 4958		▶	N/A	
		Amount of tax on line 89c above, reimbursed by the organization		▶	N/A	
		e states with which a copy of this return is filed		1		
		er of employees employed in the pay period that includes March 12, 2001 (See instructions)	-	90Ь	L	
		oks are in care of MARK HOFFMAN	_ Telephone no P			
		dat > PMB 108 1346 THE ALAMEDA	_ ZIP + 4 📂 9512	46		
92 3		n 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	- 1			▶∟
	and an	ter the amount of tax-exempt interest received or accrued during the tax year	▶ 92		N/A	

indicated 93 Progr	gross amounts unless otherwise		lated business inc	ome Excluded b	y section 512, 513, or 1	514 (E)
93 Progr		(A)	(B)	(C)	(D)	Related or
-	ram service revenue	Business code	Amount	Exclusion code	Amount	exempt function income
a PRI	IDE FESTIVAL			-		272,952.
b PAI		_				22,529.
				-		
6						
f Medic	are/Medicaid payments					
g Fees	and contracts from government agencies					
_	bership dues and assessments					
95 Interes	it on savings and temporary cash investments					
96 Divide	ends and interest from securities					
97 Net r	ental income or (loss) from real estate					
a debt-	financed property					
b not d	ebt-financed property					
98 Net rer	ntal income or (loss) from personal property					
99 Other	r investment income .					
100 Gain o	r (loss) from sales of assets other than inventory					
101 Net i	ncome or (loss) from special events					
102 Gross	profit or (loss) from sales of inventory					
103 Other	r revenue a					
b						
c						
d						
•						
104 Subto	otal (add columns (B), (D), and (E))			<u> </u>		295,481.
	(add line 104, columns (B), (D), and (E				· · • _	295,481.
	105 plus line 1d, Part I should equal II					
	Relationship of Activities t					
Line No	Explain how each activity for which			•		accomplishment
<u> </u>	of the organization's exempt purpos	-				·····
93	FESTIVAL AND PARADE I					·····
	THE LIFESTYLE AND CUI	TURE OF	LESBIAN A	ND GAY PROPLI	<u>. </u>	
						
Part IX	Information Decoders Torre	h.l. Ol	4		- 10 05-1-	
raitivi	Information Regarding Taxa (A)	DIE SUDSI	(B)			
	Name address and EIN of corporation		Percentage of	(C) Nature of activities	(D) Total income	(E) End-of year
<u> </u>	partnership or disregarded entity		ownership interest			assets
	·		% %			
			i			
	· · · · · · · · · · · · · · · · · · ·		% %			
Part X	Information Regarding Tran	efore Acc		Personal Renefit	Contracts (See Spi	ecific Instructions on page 33
	he organization, during the year, rece					
	the organization, during the year, rece	•	-		•	
			' - '	= -	150ffal Deffett Contra	ct. Tes X No
	"Yes" to (b), file Form 8870 and Fo				schedules and statements	and to the best of my knowledge
Note #	Under penalties of perjury I decla	complete Dec	claration of prepared	(other than officer) is bas	ed on all information of which	h preparer has any knowledge
						161/83
					1 / 1)	4 / () / () / /
Please		_	•		Date	1/0//02
		-	S	PN91 no. 1	Date	1/0//02
			5,	Presi sens	Date	1/0//02

SCHEDULE A

(Form 990 or 990-EZ)

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.)

OMB No 1545 0047

2001

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 number

	GAY PRIDE CELEBRAT	ION COMMITTE	OF SAN JOSE		77-0101107
Part I	Compensation of the Five Highes (See page 1 of the instructions List e	st Paid Employ ach one If there	ees Other Than are none, enter "N	Officers, Directo	ors, and Trustees
(a) N	ame and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
Total numb	per of other employees paid over	NONE			
Part II	Compensation of the Five Higher (See page 2 of the instructions List of	st Paid Indeper	ndent Contracto er individuals or firi	rs for Professio	nal Services one, enter "None ")
(a) Na	me and address of each independent contractor paid in	more than \$50,000	(b) Type	of service	(c) Compensation
NONE					
-					
					
Total num	ber of others receiving over \$50 000 for	MONTE			

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

Schedule A (Form 990 or 990-EZ) 2001

	ule A (Form 990 or 990-EZ) 2001 77 - 0101107			Par
Par	Statements About Activities (See page 2 of the instructions)		Yes	
	During the year has the organization attempted to influence national state or local tegislation, including any			t
	attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid			l
	or incurred in connection with the lobbying activities > \$ (Must equal amount on line 38,			١
	Part VI-A or line I or Part VI-B)	1		L
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	-	1	l
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	1		l
	the lobbying activities		İ	l
!	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any	1		l
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			1
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			ŀ
a	Sale, exchange, or leasing of property?	2 a		
_	obio, excitalingo, or leading or property	-		Ì
b	Lending of money or other extension of credit?	2b	<u> </u>	╀
c	Furnishing of goods, services, or facilities?	2c		
•	Turnsting of goods, services, or racindes	120		t
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2d		L
				l
0	Transfer of any part of its income or assets?	20		╀
				l
	Doog the grangestion make grants for exhalarations fallowships abundant leaves at 2.70cm blatch below	_		
ı		3		L
	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) Do you have a section 403/h) appure the for your employees?			Г
1	Do you have a section 403(b) annuity plan for your employees?	4		
tote r los Par he c	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in firm it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) rganization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			_
r loa	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in firm it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) rganization is not a private foundation because it is (Please check only ONE applicable box.)	4 ne, city, 	IV)	
tote r lose r lose Par he c 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in from it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) rganization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and grown receipts from activities related to its charitable. (2) no more than 33 1/3% of its support from contributions, membership fees, and grown receipts from activities related to its charitable.	4 ne, city, 	IV)	
ote / los	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants instrom it in furtherance of its charitable programs "qualify" to receive payments IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) rganization is not a private foundation because it is (Please check only ONE applicable box.) A church, convention of churches, or association of churches Section 170(b)(1)(A)(ii) A school Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and growing 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 acceptable.	the, city, b)(1)(A)(IV)	
ote / los	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants instrom it in furtherance of its charitable programs "qualify" to receive payments W Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(ii) A Federal, state or local government or governmental unit Section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A) 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) An organization that normally receives a substantial part of its support from contributions, membership fees, and group 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 ac by the organization dater June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations of the part IV-A.)	ane, city, b)(1)(A)(IV)	
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ote / los	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in from it in furtherance of its chantable programs "qualify" to receive payments W Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit Section 170(b)(1)(A)(iii) A rederal, state or local government or governmental unit Section 170(b)(1)(A)(iii) Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A) 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) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and group 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 active the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A). An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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) (Seesetion 509(a)(3)). Provide the following information about t	ane, city, D)(1)(A)(DSS Acquired Lions Lione	-	
tote r lose r lose Par he c 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in from it in furtherance of its chantable programs "qualify" to receive payments W Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit Section 170(b)(1)(A)(iii) A rederal, state or local government or governmental unit Section 170(b)(1)(A)(iii) Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A) 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) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and group 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 active the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A). An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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) (Seesetion 509(a)(3)). Provide the following information about t	ane, city, b)(1)(A)(-	
De Control	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in from it in furtherance of its chantable programs "qualify" to receive payments W Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit Section 170(b)(1)(A)(iii) A rederal, state or local government or governmental unit Section 170(b)(1)(A)(iii) Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A) 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) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and group 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 active the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A). An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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) (Seesetion 509(a)(3)). Provide the following information about t	ane, city, D)(1)(A)(DSS Acquired Lions Lione	-	
tote of lose o	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants in from it in furtherance of its chantable programs "qualify" to receive payments W Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit Section 170(b)(1)(A)(iii) A rederal, state or local government or governmental unit Section 170(b)(1)(A)(iii) Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b) (Also complete the Support Schedule in Part IV-A) 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) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and group 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 active the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A). An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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) (Seesetion 509(a)(3)). Provide the following information about t	ane, city, D)(1)(A)(DSS Acquired Lions Lione	-	<u> </u>

Sche	dule-A (Form 990 or 990-EZ) 2001			77-0101107			Page 3
Par	t IV-A Support Schedule (Complete only if yo	ou checked a box or	line 10 11, or 12)	Use cash method of a	ccounting N	OT AP	PLICABLE
Note	You may use the worksheet in the instructions for co	nverting from the acc	rual to the cash me	ethod of accounting			
Cale	ndar year (or fiscal year beginning In)	(a) 2000	(b) 1999	(c) 1998	(d) 199	7	(e) Total
15	Gifts, grants, and contributions received (Do			_			
	not include unusual grants. See line 28.)					1	
16	Membership fees received · ·						
17	Gross receipts from admissions, merchandise						
	sold or services performed or furnishing of					İ	
	facilities in any activity that is related to the					ł	
	organization's charitable, etc., purpose					l	
18	Gross income from interest, dividends,			<u> </u>			
. •	amounts received from payments on securities	!					
	loans (section 512(a)(5)), rents royalties, and						
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975						
19	Net income from unrelated business		-			<u>_</u>	
	activities not included in line 18						
20	Tax revenues levied for the organization's			 			
	benefit and either paid to it or expended on	Į.				\	
	its behalf						
	The value of services or facilities furnished to						·
21							
	the organization by a governmental unit					- 1	
	without charge. Do not include the value of						
	services or facilities generally furnished to the					ľ	
	Other income Attach a schedule Do not				-	-	
22		,					
	include gain or (loss) from sale of capital assets			 	<u>-</u> -	 -	
23	Total of lines 15 through 22			·			
24	Line 23 minus line 17 · ·			+			
25	Enter 1% of line 23			<u>.l </u>	<u>. </u>		
26	<u> </u>			24 NOT APPLICA		26a	
Ь	Prepare a list for your records to show the na		-				
	governmental unit or publicly supported organiza	•	_				
_	amount shown in line 26a Do not file this list		Enter the total o	i all these excess a	_	26b	
	Total support for section 509(a)(1) test. Enter line 24				•	26c	
a		19			_		
		26	D			26d	 :
	Public support (line 26c minus line 26d total)					26e	
f					<u> ▶</u>	261	%_
27	Organizations described on line 12 a For amou				•		
	person " prepare a list for your records to show the r Do not file this list with your return. Enter the sum of	•		each year from, each	oisquaimeo pe	erson	
	•		-				
	(2000)(1999)						
Ь	For any amount included in line 17 that was reshow the name of, and amount received for each						
	(Include in the list organizations described in line						
	the difference between the amount received an	d the larger amou	nt described in (1) or (2), enter the	sum of thes	e differe	nces (the excess
	amounts) for each year						
	(2000) (1999)		(1998)		(1997	'}	-
c	Add Amounts from column (e) for lines 15	16	5 <u> </u>				
	17 20	2	1	<u></u>	>	27c	
đ	Add Line 27a total	and line 275 ioial				27d	
9	Public support (line 27c total minus line 27d total)			1 1	•	270	
f	Total support for section 509(a)(2) test. Enter amoun	nt on line 23, column	(e)	▶ 27f		1	
9	Public support percentage (line 27e (numerator) d	ivided by line 27f (de	enominator))			270	%
	Investment income percentage (line 18, column (e					27h	%
28	Unusual Grants For an organization described in prepare a list for your records to show for each y						
	description of the nature of the grant. Do not file this				grant and	U 01161	
					Schedule	A (Form !	990 or 990-EZ) 2001

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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,			
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	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? 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			ļ
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	bass?	<u>32b</u>		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			İ
_	with student admissions, programs, and scholarships?	32c		
d	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			
а	Students' rights or privileges?	33a		
þ	Admissions policies?	33b		ļ
С	Employment of faculty or administrative staff?	33c		<u> </u>
	Scholarchina or ather financial accustomes?			į
d	Scholarships or other financial assistance?	<u>33d</u>		-
e	Educational policies?	33e		}
•	· · · · · · · · · · · · · · · · · · ·	336		
f	Use of facilities?	33f		
	• • • • • • • • • • • • • • • • • • • •			
g	Athletic programs?	33g		
h	Other extracurricular activities?	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	 34a	}	ľ
b	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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		1

Schedule A (Form 990 or 990-EZ) 2001

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2001 77-0101107 Page 6 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of No (i) Cash 51a(ı) X (ii) Other assets a(n) X **b** Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b(1) (ii) Purchases of assets from a noncharitable exempt organization **b**(11) (III) Rental of facilities, equipment, or other assets **b**(m) (iv) Reimbursement arrangements b(iv) (v) Loans or loan guarantees b(v)(vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes" complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received (a) (b) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship N/A

Schedule A (Form 990 or 990-EZ) 2001

STATEMENT

EXPENSES	
· OTHER	
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FORM	

	PROGRAM
DESCRIPTION	SERVICES
PERMITS	1,779.
ADVERTISING	5,700.
TRAVEL	7,024.
BEVERAGES	Ц,
CITY SERVICES	•
CLEAN UP	3,800.
COMMISSION	•
SIGNAGE	346.
FENCING	4,490.
	22,000.
INTERNAL TRANSPORTATION	1,040.
LODGING	4,356.
ICE	1,400.
LANDSCAPING	6,891.
TELEPHONES	2,000.
ENTERTAINMENT	65,381.
OPERATION TRAILER RENTAL	1,813.
PARK FEES	3,770.
UTILITIES	693.
PHOTOS/POSTAGE	867.
PORTA POTTIES	2,657.
PRODUCTION SUPPLIES	182.
SALES TAX	4,472.
SECURITY	18,191.
SOUND SYSTEMS	9,059.
STAGING	8,362.
T-SHIRTS	2,108.
TRUCK RENTAL	301.
TENTS	17,043.
2	1,072.
ENTRY FEES	4,100.

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PARADE EXPENSES

TOTALS

SERVICES

PROGRAM

600. 1,500. 600. 32,562. 4,000. 600. 826.

290,519.

STATEMENT

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

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

18

STATEMENT

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

COMPENSATION	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	PRESIDENT	SECRETARY	TREASURER
	10	10	10
NAME AND ADDRESS	GEORGE GONZALES	DAVID KERTES	MARK HOFFMAN
	39 SOUTH 9TH STREET	1115 LAFAYETTE STREET	33 N. KEEBLE AVENUE #11
	SAN JOSE, CA 95112	SANTA CLARA, CA 95050	SAN JOSE, CA 95126

NONE

GRAND TOTALS