

**Return of Organization Exempt from Income Tax**

**2001**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2001 calendar year, or tax year beginning** Oct 1, 2001, **and ending** Sep 30, 2002

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See specific instructions.	<b>C Name of organization</b> ATLANTA PRIDE COMMITTEE, INC	<b>D Employer Identification Number</b> 58-2032010
		Number street (or P.O. box if mail is not delivered to street addr) Room/suite 57 EXECUTIVE PARK SOUTH 380	<b>E Telephone number</b> (404) 929-0071
		City/Town or Country State ZIP code + 4 ATLANTA GA 30329	<b>F Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates?  Yes  No

H (b) If yes enter number of affiliates: \_\_\_\_\_

H (c) Are all affiliates included?  Yes  No (If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Web site** \_\_\_\_\_

**J Organization type** (check only one)  501(c) 3 (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

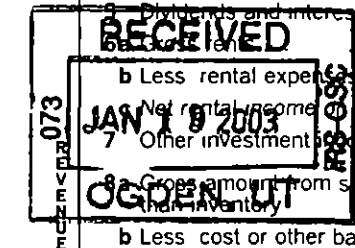
**I** Enter 4 digit group GEN \_\_\_\_\_

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **488,453**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received			
<b>a</b> Direct public support	1a	68,234	
<b>b</b> Indirect public support	1b		
<b>c</b> Government contributions (grants)	1c		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 68,234 noncash \$ 0)	1d		68,234
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		415,101
<b>3</b> Membership dues and assessments	3		
<b>4</b> Interest on savings and temporary cash investments	4		2,008
<b>5</b> Dividends and interest from securities	5		
<b>6a</b> Total (add lines 5a and 5b)	6a	3,110	
<b>b</b> Less rental expenses	6b		
<b>6c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c		3,110
<b>7</b> Other investment income (describe _____)	7		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b> Less cost or other basis and sales expenses	8a		
<b>c</b> Gain or (loss) (attach schedule)	8b		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
<b>9</b> Special events and activities (attach schedule)	9d		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
<b>b</b> Less direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
<b>10a</b> Gross sales of inventory, less returns and allowances	10a		
<b>b</b> Less cost of goods sold	10b		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		488,453
<b>13</b> Program services (from line 44, column (B))	13		365,267
<b>14</b> Management and general (from line 44, column (C))	14		115,575
<b>15</b> Fundraising (from line 44, column (D))	15		0
<b>16</b> Payments to affiliates (attach schedule)	16		
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	17		480,842
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		7,611
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		132,476
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		140,087



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

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 (att sch) (cash \$ 4,941 non cash \$ )	4,941	4,941		
23	Specific assistance to individuals (att sch)	0	0		
24	Benefits paid to or for members (att sch)	0	0		
25	Compensation of officers, directors, etc	45,150	0	45,150	0
26	Other salaries and wages	24,667	24,667	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	6,622	2,347	4,275	0
29	Payroll taxes	5,341	3,454	1,887	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	905	0	905	0
32	Legal fees	11,807	700	11,107	0
33	Supplies	13,839	12,400	1,439	0
34	Telephone	8,599	40	8,559	0
35	Postage and shipping	606	102	504	0
36	Occupancy	26,210	6,450	19,760	0
37	Equipment rental and maintenance	110,792	110,792	0	0
38	Printing and publications	15,094	15,094	0	0
39	Travel	417	417	0	0
40	Conferences, conventions, and meetings	6,928	0	6,928	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	1,320	0	1,320	0
43	Other expenses not covered above (itemize)				
43a	a BANK/CREDIT CARD FEES	2,981	2,780	201	0
43b	b ENTERTAINMENT	6,807	6,807	0	0
43c	c INSURANCE	25,225	23,715	1,510	0
43d	d ADVERTISING	8,900	8,900	0	0
43e	e See Other Expenses Stmt	153,691	141,661	12,030	0
44	44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	480,842	365,267	115,575	0

Joint Costs Check  if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? PROMOTE TOLERANCE OF GAYS & LESBIANS  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	WITH ONE OF OUR GOALS TO ENHANCE PRIDE AMONG GAYS & LESBIANS, OVER 300,000 ATTENDED THE PRIDE FESTIVAL AND WITH OUR 2ND GOAL TO EDUCATE THE COMMUNITY AT LARGE, MORE THAN 15 MEDIA COVERED THE EVENT (Grants and allocations \$ 0 )	365,267
b	_____ (Grants and allocations \$ )	
c	_____ (Grants and allocations \$ )	
d	_____ (Grants and allocations \$ )	
e	Other program services (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	365,267

**Part IV Balance Sheets** (See instructions)

<b>Note</b>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>ASSETS</b>	<b>45</b> Cash – non interest bearing	29,036	<b>45</b>	50,377	
	<b>46</b> Savings and temporary cash investments	102,852	<b>46</b>	89,337	
	<b>47a</b> Accounts receivable				
	<b>b</b> Less allowance for doubtful accounts				
	<b>48a</b> Pledges receivable				
	<b>b</b> Less allowance for doubtful accounts				
	<b>49</b> Grants receivable				
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)				
	<b>51a</b> Other notes & loans receivable (attach sch)				
	<b>b</b> Less allowance for doubtful accounts				
	<b>52</b> Inventories for sale or use				
	<b>53</b> Prepaid expenses and deferred charges				
	<b>54</b> Investments – securities (attach schedule)				
	<b>55a</b> Investments – land, buildings, & equipment basis				
	<b>b</b> Less accumulated depreciation (attach schedule)				
	<b>56</b> Investments – other (attach schedule)				
	<b>57a</b> Land, buildings, and equipment basis	6,804			
	<b>b</b> Less accumulated depreciation (attach schedule)	4,370			
	<b>58</b> Other assets (describe ▶ _____ )				
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	134,154	<b>59</b>	142,148		
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses				
	<b>61</b> Grants payable				
	<b>62</b> Deferred revenue				
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)				
	<b>64a</b> Tax exempt bond liabilities (attach schedule)				
	<b>b</b> Mortgages and other notes payable (attach schedule)				
	<b>65</b> Other liabilities (describe ▶ <b>PAYROLL LIABILITIES</b> )	1,678	<b>65</b>	2,061	
<b>66 Total liabilities</b> (add lines 60 through 65)	1,678	<b>66</b>	2,061		
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted				
	<b>68</b> Temporarily restricted				
	<b>69</b> Permanently restricted				
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds				
	<b>71</b> Paid in or capital surplus, or land, building, and equipment fund	98,558	<b>71</b>	98,558	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	33,918	<b>72</b>	41,529	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	132,476	<b>73</b>	140,087		
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	134,154	<b>74</b>	142,148		

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.

BAA



**Part VI Other Information** (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80a	b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?	X	
82b	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	107,584
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less?		
	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		
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes' attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▶ 0		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a	90a List the states with which a copy of this return is filed ▶ GEORGIA		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	2
91	91 The books are in care of ▶ PAUL GIBSON Telephone number ▶ (404) 929-0071 Located at ▶ 57 Executive Park South #380 Atlanta GA ZIP + 4 ▶ 30329		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92		

**Part VII Analysis of Income-Producing Activities** (See instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> PRIDE FESTIVAL					415,101
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts					2,008
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt financed property					
<b>b</b> not debt financed property			16	3,110	
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				3,110	417,109
<b>105</b> Total (add line 104, columns (B), (D), and (E))					420,219

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Advertising income in the Pride Guide showed support to both the GLBT community and the non-GLBT community, as well as helping to cover the printing costs Corporate sponsorships lent both support and

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 1/13/05

**Schedule A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545 0047

**(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)**

**2001**

**Supplementary Information – (see separate instructions)**

Department of the Treasury  
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization

ATLANTA PRIDE COMMITTEE, INC

Employer Identification Number

58-2032010

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None')

(a) Name 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 number of other employees paid over \$50,000 ▶	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	None	

**Part III** Statements About Activities (See instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or 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 )		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A )
- 11a  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 )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 12  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%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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 )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	64,963	50,230	78,408	81,469	275,070
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	309,509	328,032	209,617	131,447	978,605
<b>18</b> Gross income from interest, dividends, 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	2,583	1,883	1,391	519	6,376
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	377,055	380,145	289,416	213,435	1,260,051
<b>24</b> Line 23 minus line 17	67,546	52,113	79,799	81,988	281,446
<b>25</b> Enter 1% of line 23	3,771	3,801	2,894	2,134	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. c Total support for Section 509(a)(1) test. Enter line 24, column (e). d Add Amounts from column (e) for lines 18, 19, 20, 21, and 22. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).				▶ 26a ▶ 26b ▶ 26c ▶ 26d ▶ 26e ▶ 26f %
<b>27 Organizations described on line 12:</b>	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2000) 0 (1999) 0 (1998) 0 (1997) 0 b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2000) 118,418 (1999) 134,441 (1998) 51,391 (1997) 40,000 c Add Amounts from column (e) for lines 15, 16, 17, 18, 19, 20, 21, and 22. d Add Line 27a total and line 27b total. e Public support (line 27c total minus line 27d total). f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).				▶ 27c 1,253,675 ▶ 27d 344,250 ▶ 27e 909,425 ▶ 27f 1,260,051 ▶ 27g 72.17 % ▶ 27h 0.51 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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		





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545 0047

**2001**

Name of Organization

ATLANTA PRIDE COMMITTEE, INC

Employer Identification Number

58-2032010

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)( 3 ) (enter number) organization  
 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 box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

**BAA**

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

ATLANTA PRIDE COMMITTEE, INC

58-2032010

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 54,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

ATLANTA PRIDE COMMITTEE, INC

Employer Identification Number

58-2032010

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8		\$ 17,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
9		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
10		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
11		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
12		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

ATLANTA PRIDE COMMITTEE, INC

58-2032010

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
14		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
15		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
16		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SECURITY	25,520	25,520	0	0
LICENSES & PERMITS	4,783	4,758	25	0
UTILITIES	27,698	27,698	0	0
CONTRACT LABOR	16,755	5,250	11,505	0
CONTRACTED SERVICES	60,209	60,209	0	0
FUNDRAISING EXPENSES	18,226	18,226	0	0
MOVING EXPENSE	500	0	500	0
<b>Total</b>	<u>153,691</u>	<u>141,661</u>	<u>12,030</u>	<u>0</u>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	legitimacy to our purpose Income from the market and parade were for purposes of covering our costs

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ See separate instructions  
▶ Attach to your tax return.

Name(s) Shown on Return  
**ATLANTA PRIDE COMMITTEE, INC**

Identifying Number  
**58-2032010**

Business or Activity to Which This Form Relates

Form 990, page 2

**Part I Election to Expense Certain Tangible Property Under Section 179**  
*Note If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of Section 179 property placed in service (see instructions)	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

*Note. Do not use Part II or Part III below for listed property Instead, use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to Section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	1,022
18	If you are electing under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B – Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property		1,488	5 0 yrs	HY	200DB	298
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	1,320
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	23	