Form 990

Department of the Treasury

Internal Revenue Service

## **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)

Open to Public

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

OMB No. 1545-0047 Inspection

A Fo	r the	200 <u>3 ca</u>	<u>alend</u>	dar year, or	tax year beginn	ing			, 20	003,	and endin	g				
B che	ck if appli		1250 C	C Name of o	organization							DE	Employer id	entificati	on nun	nber
	Address change	230	- 10	GAY PRIDI	E CELEBRATI	ON COMM	TTEE OF	SAN	JOSE			77	7-0101	107		
	Name c	hange print		Number a	nd street (or P O	box if mail is	not delivered t	to stree	t address)	Ro	om/suite	E 1	Telephone r	number		
	Initial re	· · · · · ·								1		ı				
	Final re	turn II	ee E	PMB 108	1346 THE AL	AMEDA ST	JITE			7		1	)	_		
-	Amende	Spec Instr	cine —		vn, state or country								Accounting .	X Cash		Accrual
	return Applicat	tion <b>tior</b>			, CA 95126-							ľ		specify)	·	Accida
<u> </u>	pending				) organizations a		nonovomnt	ob a site	ablo	H and	d I are not an	nlicah				
		•			ch a completed S					1	•	•			Yes	
	1 - 1 - 14 -							,.		1	Is this a grou	-			165	X No
		o. ▶ N/					T 1	Г	<del></del>	1	If "Yes," ent			ies 🛌	rn	
1 0	rganiz	ation type	(chec	ck only one) ▶	X 501(c)(3 )	(insert no )	4947(a)(	1) or	527	H(c)	Are all affilia (If "No," atta			tctions \	Yes	No.
K	heck h	ere P	<u> </u>	_ if the organia	zation's gross receip	ts are normall	y not more tha	an \$25,	,000 The	H(d)	Is this a separ				1	$\overline{}$
0	rganıza	ation need	not f	file a return wi	th the IRS, but if th	ne organization	received a Fo	m 990	Package	<u> </u>	organization c	overed I	oy a group rul	ing?	Yes	X No
ır	the m	nail, it shou	uld file	e a return withou	ıt financıal data Som	e states requir	e a complete r	eturn.			Group Exem	ption !	Number 🕨			
									-	M	Check >	x	if the organ	iization is	not re	quired
L G	ross re	eceipts Ad	dd line	es 6b, 8b, 9b, an	nd 10b to line 12			283,	907.	<u>L</u>	to attach Sc	hB(F	om 990, 99	0-EZ, or	990-PF	)
Par	t I	Revenue	e, Ex	xpenses, an	d Changes in N	et Assets o	r Fund Balar	nces (S	See page	18 c	of the instru	uction	s.)			
	1	Contrib	bution	ns, gifts, gran	ts, and similar amo	unts received										
	a	Directi	public	c support				1a								
	l t												ł			
					s (grants)											
					cash \$						,	<b></b>	ļ			
	2				including governi				VIII line 01			-			270	,417.
	3	_									J		IVEC	)	270	, <u> </u>
C)	3			·	sessments						<del>ئىنىن</del> ى: ا	_				
Ö	4				emporary cash inve							4	_			
<b>&gt;</b>	5	Divider			om securities						S FE	B∣∜	9 200	4 8	-	
SCANNEU	6 a	Gross r	rents									4	1	) čć		
Z	t	Less r	ental	expenses .				6b				F	A1 81	7		
	0	Net rer	ntal in	ncome or (los	s) (subtract line 6b	from line 6a)					J	<u> 184</u> 5	N, U	!		
٦	7	Other i	inves	stment income	(describe			<del></del>				7				
- <u>8</u>	8 a	Gross	amou	unt from sales	of assets other	(A) S	ecunties		(B)	Other			İ			
N.		than in	ivento	ory				8a					į			
<u></u>	t				and sales expenses	4		8b					ľ			
_	0	Gain o	r (los:	s) (attach sche	edule)			8c					ļ			
~	1 0				ne line 8c, columns							. 8d				
200	9	-			ties (attach schedu											
	la	-		nue (not includ	·		_		,							
				•	line 1a)			9a			13,490		ļ			
	١,				ner than fundraising					•	9,934					
					n special events (s							_	İ		2	,556.
	10 a				less returns and all			1 1				.   50				, ,,,,,,,
								1 1				$\dashv$				
	t								101. (	40	····	Ⅎ				
	\ _ ^ C		•	• •	m sales of inventor								1			
	11				VII, line 103)								<del></del>			
	12				es 1d, 2, 3, 4, 5, 6											<u>,973.</u>
	13				ne 44, column (B))											<u>,694.</u>
583	14				I (from line 44, colu										4	<u>,610.</u>
Expenses	15				, column (D))								ļ <u>.</u>			
Ä	16	Payme	ents to	o affiliates (att	tach schedule)							16	ļ			
	17				nes 16 and 44, col								<u> </u>		275	,304.
ţ	18	Excess	s or (d	deficit) for the	e year (subtract line	17 from line	12)					18			-1,	<u>,331.</u>
Net Assets	19				ces at beginning o										3	<u>,810.</u>
Á	20				sets or fund baland											
ž	21				ces at end of year										2.	479.
For F					, see the separate									Form		(2003)

JSA 3E1010 1 000

Pa	irt II			tions must complete column 4947(a)(1) nonexempt char			
	Do no	ot include amounts reported on line	1	(A) Total	(B) Program	(C) Management	(D) Fundraising
	•	b, 8b, 9b, 10b, or 16 of Part I	-	(A) 10tai	services	and general	(D) I dilutationing
22		ts and allocations (attach schedule	1				
23		noncash \$	22		<del></del>		
24	•	ic assistance to individuals (attach schedule)	24				
25		ts paid to or for members (attach schedule) pensation of officers, directors, etc	_				
26	-	r salaries and wages	26				
27		ion plan contributions	27				
28		r employee benefits	28				
29		oll taxes	29				<u> </u>
30		ssional fundraising fees	30				
31		unting fees	31	1,400.		1,400.	
32		l fees	32	1,417.		1,417.	
33		lies	33	1,11,			
34		phone	34				
35		age and shipping	35				
36		pancy	36	-			
37		oment rental and maintenance.	37				
38		ng and publications	38				
39			39		· ·		
40		rences, conventions, and meetings	40			<del> </del>	
41		est	41				
42		ciation, depletion, etc. (attach schedule).	42				
		expenses not covered above (itemize) <b>STMT</b> 2	_	272,487.	270,694.	1,793.	
ŀ			43b	2,2,10,0	2,0,0511		
			43c				
Ċ			43d				
e			43e				
44	Total fi Organia these to	unctional expenses (add lines 22 through 43) zations completing columns (B)-(D), carry otals to lines 13-15	44	275,304.	270,694.	4,610.	
		ts. Check If you are follo			2.0/05-2		
		nt costs from a combined educational	-		citation reported in (B) Pro	gram services?	Yes X No
		ter (I) the aggregate amount of these j					
		ount allocated to Management and ge		}	, and (iv) the amount a	llocated to Fundraising \$	
Pa	art III	Statement of Program Servi	ce A				
Wha	at is the	e organization's primary exempt purpos	e? ▶	STMT 3			Program Service Expenses
of (	clients	zations must describe their exempt served, publications issued, etc. Disons and 4947(a)(1) nonexempt chariti	cuss	achievements that are i	not measurable (Section	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	STMT	_4					
					·		
				(Grants a	ind allocations \$	)	270,694
b							
					<del></del>		
				(Grants a	ind allocations \$	)	
С					. <b></b>		
				(Grants a	and allocations \$	)	
d							
				(Grants a	ind allocations \$	)	
e		program services (attach schedule			ind allocations \$	)	
<u>f</u>	Total	of Program Service Expenses (sh	ould	equal line 44, column (	(B), Program services)		270,694

	art IV					
	lote:	Where required, attached schedules and amounts w column should be for end-of-year amounts only.	vithin the description	(A) Beginning of year		( <b>B</b> ) End of year
	45	Cash - non-interest-bearing	<del></del> .	3,810.	45	2,479.
	46	Savings and temporary cash investments		·	46	
	47a	Accounts receivable	47a			
		Less. allowance for doubtful accounts			47c	
	48a	Pledges receivable	48a			
		Less: allowance for doubtful accounts			48c	
		Grants receivable			49	
		Receivables from officers, directors, trustees, and k				
		(attach schedule)			50	
		Other notes and loans receivable (attach				
اي		schedule)	51a			
Assets	b	Less allowance for doubtful accounts	51b		51c	
Ass	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	l I			
			55a	4		
	b	Less: accumulated depreciation (attach			-	
		schedule)		-	55c	<del></del>
	56	Investments - other (attach schedule)			56	
		Land, buildings, and equipment: basis	3 / B	$\dashv$		
	þ	Less: accumulated depreciation (attach	57h		57c	
	50	schedule)		<del></del>	58	
	58	Other assets (describe ►		<b>'</b>	30	
	59	Total assets (add lines 45 through 58) (must equal	l line 74)	3,810	59	2,479.
	60	Accounts payable and accrued expenses			60	2,115.
	61	Grants payable		-	61	
	62	Deferred revenue			62	
S	63	Loans from officers, directors, trustees, and key em				
abilities		schedule)			63	
labi	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedul	le)		64b	
	65	Other liabilities (describe ▶		)	65	
	66	Total liabilities (add lines 60 through 65)			66	
_		inizations that follow SFAS 117, check here ▶ X			-	
		67 through 69 and lines 73 and 74.	<b>-</b>			
Š	67	Unrestricted		3,810	67	2,479.
2	68	Temporarily restricted			68	
ala	69	Permanently restricted			69	
or Fund Balances	Orga	nizations that do not follow SFAS 117, check here complete lines 70 through 74.	e ▶ and			_
Ē	70	Capital stock, trust principal, or current funds			70	
S	71	Paid-in or capital surplus, or land, building, and equ		71		
set	72	Retained earnings, endowment, accumulated incom			72	
Net Assets	73	Total net assets or fund balances (add lines 67 th				
<u>f</u> et		70 through 72,				
~		column (A) must equal line 19, column (B) must ed			73	2,479.
	74	Total liabilities and net assets / fund balances (ad	dd lines 66 and 73) · · ·	3,810	. 74	2,479.

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

D	

⁴Pa	rt IV-A	Reconciliation of Revenue Financial Statements with Return (See page 27 of th	per Audited n Revenue per e instructions.)	P	art IV-B	Reconciliation Financial Stat Return	of Expenses ements with E	per Audite xpenses p	d er
a		nue, gains, and other support		a	Total	expenses and l	osses per		
	pèr audite	d financial statements >	а		audited	financial stateme	nts <b>▶</b> _a	1	
b	Amounts I	ncluded on line a but not on		b	Amoun	ts included on line	a but not	Ì	
	line 12, Fo	orm 990.			on line	17, Form 990:			
(1)	Net unrealiz	red gains		(	1) Donated	services	ŀ		
	on investme	ents \$			and use	of facilities \$			
(2)	Donated ser	rvices		(:	<ol><li>Prior yea</li></ol>	ar adjustments			
	and use of t	facilities \$			•	on line 20,			
(3)	Recoveries	•			Form 99	0 <u>\$</u>			
	year grants	<u>\$</u>		(3	<ol><li>Losses r</li></ol>	reported on			
(4)	Other (speci	ify)			line 20, l	Form 990 <u>\$</u>			
		<del></del>		(4	4) Other (sp	pecify)			
		<u> </u>				<del></del>	ļ		
	Add amou	nts on lines (1) through (4)	b			<u> </u>			
						ounts on lines (1) thr			
		us line b	C	——  °.		minus line b		<u> </u>	
d		ncluded on line 12,		q		ts included on line	·		
		but not on line a:		١.		90 but not on line	a:		
(1)	Investment	•		(	•	ent expenses			
	not included	90 <b>\$</b>				ided on line			
/2\						n 990 <b>\$</b>			
(2)	Other (spec	ııy)		,	2) Other (sp	pecity)			
	Add amou	nts on lines (1) and (2) ▶	اما		Add am	<del>3</del> nounts on lines (1)	and (2)		
e		nue per line 12, Form 990	<u> </u>	e		penses per line 1			
•		s line d)		-		olus line d)	i i	, l	
		t of Officers, Directors, T instructions.)  (A) Name and address		(B) Title	and average per week d to position	· [- · · · · · · · · · · · · · · · · · ·	(D) Contributions employee benefit pla deferred compensal	to (E) E	xpense and other vances
SEI	STATEM	ENT 5				-0-	-0-	-0-	
				<u> </u>					
				<del> </del>					
				-					
75	-	cer, director, trustee, or key emp		-			· ·	Yes	X No
	-	ach schedule - see page 28 of the						'	_
				·			· · · · · · · · · · · · · · · · · · ·	Form 9	90 (2003

Form	n 990 (2003) 77 - 0101107		F	Page 5
_	rt VI Other Information (See page 28 of the instructions.)			No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		х
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		x
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		х
	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?	80a		х
b	If "Yes," enter the name of the organization▶			
	and check whether it is exempt or nonexempt			
81 a	Enter direct and indirect political expenditures See line 81 instructions			ĺ
	Did the organization file Form 1120-POL for this year?	81b		х
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		х
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 )	,		l
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/	A
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/	A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	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			
С	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures	]		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	]		ĺ
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		x
_	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		x
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A			
	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A	1		
	Gross income from other sources. (Do not net amounts due or paid to other	]		1
	sources against amounts due or received from them )			
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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.			
	section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>	]		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			l
	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		х
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N/A	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	List the states with which a copy of this return is filed ▶CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b		
	The books are in care of DAVE KERTES Telephone no			
	Located at ▶ PMB 108 1346 THE ALAMEDA ZIP+4 ▶ 95126			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		1	▶∟

Part Vil		ing Activi	ties (See pag	e 33 of the instruc	tions.)	Page <b>0</b>
Note: Enter g	gross amounts unless otherwise	Unre	lated business in	·	by section 512, 513, or 514	(E) Related or
	m service revenue	(A) Business code	(B) Amoun	t (C) Exclusion code	(D) Amount	exempt function income
b	DE FESTIVAL					270,417
d e						
	re/Medicaid payments					
94 Membe	ership dues and assessments					
	on savings and temporary cash investments •					
	nds and interest from securities					
	ntal income or (loss) from real estate					
	nanced property bt-financed property			<del></del>		
	al income or (loss) from personal property					
	investment income					
100 Gain or 6	(loss) from sales of assets other than inventory					
101 Net ind	come or (loss) from special events .					3,556
	profit or (loss) from sales of inventory					
	evenue a					
e						
	al (add columns (B), (D), and (E)).					273,973
	add line 104, columns (B), (D), and (E	<u> </u>				273,973
	05 plus line 1d, Part I, should equal t					
Part VIII	Relationship of Activities t	o the Acc	omplishment	of Exempt Purpo	ses (See page 34 of	the instructions.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpos					omplishment
93	FESTIVAL AND PARADE I	BOTH SEF	EVE TO EDUC	CATE THE PUBL	C ABOUT	
	THE LIFESTYLE AND CUI	LTURE OF	LESBIAN A	AND GAY PEOPLE	c	<del></del>
Part IX	Information Regarding Taxa	ble Subsi	diaries and D	isregarded Entitie	s (See page 34 of the	e instructions.)
	(A)		(B)	(C)	(D)	(E) End-of-year
N	ame, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
N/A			%			
			%	•		
			<u> </u>			
Part X	Information Regarding Tran	nefare Acc	ociated with	Personal Renefit	Contracts (See page 3	M of the instructions )
	organization, during the year, receive ar	<del></del>				Yes X No
	e organization, during the year,	-		• •		
Note: If "	es" to <b>(b),</b> file Form 8870 <b>and</b> Fo	orm 4720 (s	see instructions	)		
	Under penalties of perjury, I declar and belief, it is the, correct, and	re that I have	examined this retur	n, including accompanying r (other than officer) is base	schedules and statements, and ed on all information of which pr	to the best of my knowledge eparer has any knowledge
Please		/			1 0/	aclass
Cian	I SCTIMM! N	1 Len			V d/	26/04
			l an	+	Date •	•
			c ex	•		
				Date	Check if Pre	eparer's SSN or PTIN (See Gen Inst W

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization

Employer identification number

	GAY PRIDE CELEBRAT				//-010110/
Part I	Compensation of the Five Higher (See page 1 of the instructions. List of	each one. If there	rees Other Than are none, enter "	None.")	<b></b>
(a) f	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					
		-			
		-			
		-			
		_			
	ber of other employees paid over	NONE			
Part II	Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Indepe	ndent Contracto er individuals or fi	ors for Professionms). If there are no	nal Services one, enter "None.")
(a) N	ame and address of each independent contractor paid	more than \$50,000	( <b>b)</b> Type	e of service	(c) Compensation
NONE					
				:	
				:	
		- <del> </del>			
	nber of others receiving over \$50,000 for nal services	NONE			

Schedule A (Form 990 or 990-EZ) 2003

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

Part III Statements About Activities (See page 2 of the instructions.)		Yes	N
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 i of Part VI-B )	1		X
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			ſ
the lobbying activities			l
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			1
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			1
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?	_2a		
b Lending of money or other extension of credit?	_2b		
•			
c Furnishing of goods, services, or facilities?	2 c		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
e Transfer of any part of its income or assets?	2е		
a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how			
you determine that recipients qualify to receive payments )	3 a		
b Do you have a section 403(b) annuity plan for your employees?			
Did you maintain any separate account for participating donors where donors have the right to provide advice			
on the use or distribution of funds?	4		
	-	•	
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
ne organization 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)(v)			
A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name	e, city,		
and state			
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.)			
1a 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)			
2 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gr	oss		
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 after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part IV-A)	, <b>.u</b>		
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	ons		
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) (Section 500)			
section 509(a)(3))	,		
Provide the following information about the supported organizations (See page 5 of the instructions )			
	e numb	er	•
(a) Name(s) of supported organization(s)	above		
			•
1			
l l			
			•
An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)			•

	edule A (Form 990 or 990-EZ) 2003			77-0101107		Page 3
Pa	art IV-A Support Schedule (Complete only if	you checked a bo	ox on line 10, 11,	or 12.) Use cash m	ethod of accour	nting.
No	te:You may use the worksheet in the instructions	s for converting fro	om the accrual to t	the cash method of	accounting 1	NOT APPLICABLE
Cal	endar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28) · · · ·					
16	Membership fees received		1			
17					<u> </u>	
•	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose			· · · · · · · · · · · · · · · · · · ·	-	
18	Gross income from interest, dividends,				}	
	amounts received from payments on securities				ŀ	
	loans (section 512(a)(5)), rents, royalties, and				İ	
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975 · · · · ·					
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's				)	
	benefit and either paid to it or expended on					
	ıts behalf					
21	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					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					
_	Total of lines 15 through 22					<del> </del>
	Line 23 minus line 17			<u> </u>		
	Enter 1% of line 23 · · · · · · · · · · ·			1		
	Organizations described on lines 10 or 11: a E					:6a
ı	Prepare a list for your records to show the na			•	l l	
	governmental unit or publicly supported organiz	•	•	•		
	amount shown in line 26a Do not file this list	t with your return	n. Enter the total	of all these excess	s amounts ▶ 2	6b
(	Total support for section 509(a)(1) test Enter line 24,				▶ 2	:6c
(	Add Amounts from column (e) for lines 18	19		<u></u>		
	22	26	Sb		▶ 2	6d
•	Public support (line 26c minus line 26d total)				▶ 2	6e
1	Public support percentage (line 26e (numerator) dis	vided by line 26c (de	enominator))		▶ 2	6f %
27	Organizations described on line 12: 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	w the name of, a	and total amounts	received in each	year from, each	h "disqualified person"
	Do not file this list with your return. Enter the sum of	of such amounts for	each year			
	(2002) (2001)		(2000)	NOT APPLICA	BLE (1999)	
ь	For any amount included in line 17 that was red					
Ī	show the name of, and amount received for each					
	(Include in the list organizations described in lines					
	the difference between the amount received and amounts) for each year	the larger amoui	nt described in (1	i) or (2), enter the	sum of these	differences (the excess
	(2002) (2001)		(2000)		(1000)	
	(2002) (2001)		(2000)		(1999)_	
_	Add Assessed from solvery (a) for large 4.5	4.6				
С	Add Amounts from column (e) for lines 15			<del></del>		_ 1
	1720					
d	Add Line 27a total a	nd line 27b total .	•			7d
	Public support (line 27c total minus line 27d total)			1 1		7e
f	17					
9	Public support percentage (line 27e (numerator) div					
<u>h</u>		(numerator) divide	d by line 27f (denor	ninator))	2	7h %
28	Unusual Grants: For an organization described prepare a list for your records to show, for e					
	description of the nature of the grant <b>Do not file this</b>					no grant, and a biler
JSA				<u> </u>		(Form 990 or 990-EZ) 2003

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)	NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
20	other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29		
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	<u> </u>		
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	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		
		·		
b	Admissions policies?	33b		<u> </u>
_	Francisco est of formities as a designate two atoms			
С	Employment of faculty or administrative staff?	33c		<u> </u>
d	Scholarships or other financial assistance?	33d		
_	Scholarships or other financial assistance?	-		
е	Educational policies?	33e		
f	Use of facilities?	33f		ļ
g	Athletic programs?	33g		<del>                                     </del>
h	Other extracurricular activities?	33h		
••	Other extracurricular activities?	00		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	Describes a second and a second and a second and a second and a second and a second as a second as a second as			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	<del> </del>
ь	Has the organization's right to such aid ever been revoked or suspended?	34b	1	
U	If you answered "Yes" to either 34a or b, please explain using an attached statement	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		T
	you and and a second of the second of th			}
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		

Pa			<b>xpenditures by Elec</b> pleted <b>ONLY</b> by an <	_					TCAP	tt.R
Che		r	zation belongs to an affil	<del></del>			" and "	limite		trol" provisions apply
	·		imits on Lobbying	•	rred )	,	a) Affiliated tota	d grou	р	(b) To be completed for ALL electing organizations
	Total labby		· · · · · · · · · · · · · · · · · · ·		·	26				Organizations
36			tures to influence publ			36				
37 38			ditures to influence a legislative body (direct lobbying)							
39			nditures (add lines 36 and 37) 38 39							
40	Total exem	exempt purpose expenditures								
41	Lobbying n	bying nontaxable amount. Enter the amount from the following table -								
•		unt on line 4		bbying nontaxable an						
				• -	`					
	Not over \$500,000									
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000									
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000									
			\$1,000,							
42			amount (enter 25% o			42				
43			ne 36. Enter -0- if line			43				<u> </u>
44	Subtract lin	ne 41 from li	ne 38. Enter -0- if line	41 is more than line	38	44				<del></del>
	0 - 41 - 45	46 !		40 11 44	-					
	Caution: IT	tnere is an	amount on either line	Averaging Period		E01/b)	····			
	(Som	e organizati	ons that made a secti		not have to com	plete all o			umns	below.
			See the instruction							
				Lobbying Expendi	tures During 4	-Year Ave	eragin	g Per	riod	
(	Calendar yea	ar (or fiscal	(a)	(b)	(c)	İ	(0	-		(e)
}	year beginni		2003	2002	2001		20	00		Total
	Lobbying no					ŀ				
<u>45</u>	amount • •								-	<u> </u>
		iling amount							l	
46	(150% of line	e 45(e))								···
47	Total lobbying	expenditures								<u> </u>
	Grassroots r	nontaxable								
<u>48</u>	amount · ·	• • • • • •								
	Grassroots ce	iling amount							ŀ	
<u>49</u>	(150% of line									
	Grassroots I	, ,								
	expenditures art VI-B L		ctivity by Nonelecti	ing Public Charities					. J	· · · · ·
Ŀ			ing only by organiza	~		A) (See n	age 1	2 of t	he in	structions )
Dur			zation attempt to influen		_					
		-	nion on a legislative mat		-	,		Yes	No	Amount
а	Volunteers						ľ		х	<del></del>
b	<ul> <li>a Volunteers</li> <li>b Paid staff or management (Include compensation in expenses reported on lines c through h)</li> </ul>							х		
c	c Media advertisements				[		х	<u> </u>		
d						х				
e Publications, or published or broadcast statements										
f			zations for lobbying pu						х	
g Direct contact with legislators, their staffs, government officials, or a legislative body										
h			s, seminars, convention						X	
i			tures (Add lines c thro						i	
ica	If "Yes" to	any of the a	bove, also attach a st	atement giving a deta	iled description o	the lobby				F 000 000 F7) 6000
JSA								ocned	uie A (	Form 990 or 990-EZ) 2003

	Exempt Organizations (	See page 12 of the instructions.)				
			owing with any other organization descri		secti	on
			n 527, relating to political organizations?		<b>.</b> T	NI -
		ation to a noncharitable exempt organiz		1a(i)	Yes	No
				a(ii)		x
<b>b</b> Other tran				2(1)		
		vith a noncharitable exempt organization	1	b(i)	İ	x
(ii) Purc	chases of assets from a nor	ncharitable exempt organization		b(ii)		x
(iii) Rent	tal of facilities, equipment, o	or other assets		b(iii)		x
(iv) Rein	nbursement arrangements			b(iv)		Х
				b(v)		х
(vi) Perf	ormance of services or me	mbership or fundraising solicitations		b(vi)		Х
		ng lists, other assets, or paid employee		С		<u> </u>
			(b) should always show the fair market value of	f the		
			on received less than fair market value in any			
		v in column (d) the value of the goods, other				
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d)  Description of transfers, transactions, and share	ing arrar	ngemer	nts
N/A						
<del></del>						
						_
		<u> </u>				
describe	,	etly affiliated with, or related to, one or ode (other than section 501(c)(3)) or i	· · ·	Yes	х	. No
Na	(a) me of organization	(b) Type of organization	(c) Description of relationship			
N/A						
<del></del>						
						-
	<u> </u>					
						-

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES 

NET S INCOME	940. 9,934. 2,616.	9,934. 3,556.
DIRECT EXPENSES		
GROSS REVENUE	940. [	13,490
DESCRIPTION	MARDI GRAS OSCAR NIGHT	TOTALS

STATEMENT

PROGRAM MANAGEMENT SERVICES AND GENERAL	270,694. 490. 1,303.	270,694. 1,793.
TOTAL TOTAL	VAL 270,694. S 490. 1,303.	272,487.
DESCRIPTION	PRIDE FESTIVAL BANK CHARGES MISC.	TOTALS

7

STATEMENT

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

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

77-0101107

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

CELEBRATION. TWO DAY CULTURAL ARTS AND ENTERTAINMENT FESTIVAL HIGHLIGHTING ACCOMPLISHMENTS OF GAY AND LESBIAN PEOPLE.

PARADE. FEATURED VARIOUS GROUPS AND CONTIGENTS FROM WITHIN THE GAY AND LESBIAN COMMUNITY AND NON-GAY COMMUNITY.

270,694.

EXPENSES

270,694.

TOTAL

29495 N984 02/10/2004 17:21:23 V03-3.1

STATEMENT

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

NAME AND ADDRESS

TITLE AND TIME DEVOTED TO POSITION

DAVID KERTES

PRESIDENT

PMB 108 1346 THE ALAMEDA STE. 7 SAN JOSE, CA 95126

DEREK MORALES

VICE PRESIDENT

PMB 108 1346 THE ALAMEDA STE 7 SAN JOSE, CA 95126 GRAND TOTALS