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)

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



	r the 200	5 calendar year, or tax year beginni	ng	, 20	005, and ending			
B Chec	ck if applicable	Please C Name of organization				D Emplo	oyer identification n	umber
	Address change	use IRS GAY PRIDE CELEBRATIO	ON COMMITTEE OF S	AN JOSE			101107	
	Name change	print or Number and street (or P O b			Room/suite		hone number	
	Initial return	type See						
	Fina! return Amended	Specific PMB 108 1346 THE ALA	AMEDA		7) 985-5313	
	return	Instruc- City or town, state or country,	, and ZIP + 4			F Account	X Cash	Acc
	Application pending	tions SAN JOSE, CA 95126-2	2699			(Other (specify)	
		• Section 501(c)(3) organizations and			H and I are not app	licable to	section 527 organiza	tions
		trusts must attach a completed Sc	hedule A (Form 990 or 990-	EZ).	H(a) Is this a grou	return for	affiliates? Yes	Х
	/ebsite:				H(b) If "Yes," ente	r number of	of affiliates	
J Or	rganization	type (check only one) ► X 501(c) (3)	(insert no) 4947(a)(1) c	or 527	H(c) Are all affiliate (If "No," attac			
	heck here	if the organization's gross receipts	•		H(d) Is this a separat			_
or	ganization	need not file a return with the IRS, but if the	he organization chooses to file	a return, be	organization co			X
su	ure to file a	complete return Some states require a complete	te return.		I Group Exemp	tion Number	er 🕨	
			· · · · · · · · · · · · · · · · · · ·		M Check ►	X If the	e organization is not i	require
		s Add lines 6b, 8b, 9b, and 10b to line 12		31,160.	·	B (Form 9	990, 990-EZ, or 990-F	PF)
Part		enue, Expenses, and Changes in Ne	t Assets or Fund Balance	s (See the in	structions)			
		ntributions, gifts, grants, and similar amou	1					
		ect public support			73.	↓		
	b Inc	rect public support	<u>1</u>	b		4		
	i .	vernment contributions (grants)			<u> </u>	4		
		al (add lines 1a through 1c) (cash \$)	1 d		
		ogram service revenue including governm				2	213	3,6
		mbership dues and assessments				3		
		erest on savings and temporary cash inves				4		
	5 Dr	idends and interest from securities		. ,		5	·	
	6 a Gr	oss rents	<u>6</u>	a		4		
		ss rental expenses				4		
41	C Ne	t rental income or (loss) (subtract line 6b f	rom line 6a)			6 c		
evenue	7 Ot	ner investment income (describe)	7		
eve	l .	oss amount from sales of assets other	(A) Securities	(B)	Other	4		
œ	tha	n inventory				1		
		ss cost or other basis and sales expenses .	' 			↓		
		ın or (loss) (attach schedule)		c		4		
		t gain or (loss) (combine line 8c, columns (8 d		
	The second secon	ecial events and activities (attach schedule		ing, check he	re 🕨 🔛			
	1	oss revenue (not including \$						
		ntributions reported on line 1a)	STMT 1. 9	al	17,426.	1		
	h la							
		ss direct expenses other than fundraising	expenses 9	b	9,487.			
	C Ne	t income or (loss) from special events (sul	expenses 9 btract line 9b from line 9a)	b	9,487.		-	7,9
	C Ne 10 a Gr	t income or (loss) from special events (sul oss sales of inventory, less returns and allo	expenses	b 				7,9
	c Ne 10 a Gr b Le	t income or (loss) from special events (sul oss sales of inventory, less returns and allo ss cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10	b Da			<u> </u>	7,9
	C Ne 10 a Gr b Le C Gr	t income or (loss) from special events (sul oss sales of inventory, less returns and allo oss cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 tract line 9b from line 9a)	b Da Db	ne 10a)			7,9
	c Ne 10 a Gr b Le c Gr 11 Ot	t income or (loss) from special events (sulposs sales of inventory, less returns and alloss cost of goods sold	expenses	b Da Db	ne 10a)	9c 10c		
	C Ne 10 a Gr b Le c Gr 11 Ot	t income or (loss) from special events (sulposs sales of inventory, less returns and alloss cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 t (attach schedule) (subtract line 9b from line 9a)	b oa ob ne 10b from lir		9c 10c 111	223	1,6
	C Ne 10 a Gr b Le c Gr 11 Ot	t income or (loss) from special events (sulposs sales of inventory, less returns and alloss cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 t (attach schedule) (subtract line 9b from line 9a)	b oa ob ne 10b from lir	ne 10a) CEIVED	9c 10c 111 12	223	1,6
nses	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma	t income or (loss) from special events (sulps sales of inventory, less returns and allows cost of goods sold coss profit or (loss) from sales of inventory ner revenue (from Part VII, line 103) tal revenue (add lines 1d, 2, 3, 4, 5, 6c, ogram services (from line 44, column (B)) nagement and general (from line 44, column	expenses 9 btract line 9b from line 9a) wances 10 tract line 9b from line 9a) wances 10 tract line 9b from line 9a) wances 10 tract line 9b from line 9a) tract line 9b from line 9a) tract line 10 tract line 9b from line 9a) tract line 10 tr	b	ne 10a)	9c 10c 111	223	1,6
(penses	C Ne 10 a Gr b Le c Gr 11 Ot 12 To 13 Pr 14 Ma 15 Fu	t income or (loss) from special events (sulps sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 (attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11)	b	ne 10a) CEIVED : 2. 1. 2006 -	9c 10c 111 12	223	1,6
Expenses	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa	t income or (loss) from special events (sulposs sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 (attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11)	b	ne 10a) CEIVED : 2. 1. 2006 -	9c 10c 111 12	223	1,6 3,2
	C Ne 10 a Gr b Le C Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa 17 Tc	t income or (loss) from special events (sulposs sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 v (attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11) mn (C)) mn (A)).	b REC	ne 10a) CEIVED: 2. 1. 2006 - ; DEN,: U.T.:	9c 10c 111 12 23 34 44 45 16	223	1,6 3,2 6
	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa 17 Tc 18 Ex	t income or (loss) from special events (sulposs sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 ((attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11) mn (C)) mn (A)).	b 10b from III	ne 10a) CEIVED: 2. 1. 2006 - ; DEN, UT:	9 c 10 c 11 1 12 C 23 G 4 G 16 17	223	1,6 3,2 6 3,8 2,1
	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa 17 Tc 18 Ex 19 Ne	t income or (loss) from special events (sulposs sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 ((attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11) mn (C)) 17 from line 12) 19 ((grown line 73, column (A))	b Ca Ca Ca Ca Ca Ca Ca C	2 1 2006)	9 c 10 c 11 1 12 C 23 C 24 C 25 C 16 C 17 C 18 C 19 C 18 C 19 C 18 C 19 C 18 C 19 C 1	223	1,6 3,2 6 3,8
Assets	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa 17 Tc 18 Ex 19 Ne 20 Ot	t income or (loss) from special events (subsets sales of inventory, less returns and allows cost of goods sold cost of inventory ner revenue (from Part VII, line 103) tal revenue (add lines 1d, 2, 3, 4, 5, 6c, 10c) orgam services (from line 44, column (B)) nagement and general (from line 44, column draising (from line 44, column (D)) comments to affiliates (attach schedule) tal expenses (add lines 16 and 44, column tal expenses (add lines 16 and 4	expenses 9 btract line 9b from line 9a) wances 10 (attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11) mn (C)) 17 from line 12) 19 year (from line 73, column (A))s (attach explanation) 19	b RE	2 1 2006 DEN, UT	9c 111 12 23 34 45 55 11 11 18 19 20	223 223 223 -2	1,6 3,2 6 3,8 2,1 -2
Net Assets	C Ne 10 a Gr b Le c Gr 11 Ot 12 Tc 13 Pr 14 Ma 15 Fu 16 Pa 17 Tc 18 Ex 19 Ne 20 Ot 21 Ne	t income or (loss) from special events (sulposs sales of inventory, less returns and allows cost of goods sold	expenses 9 btract line 9b from line 9a) wances 10 (attach schedule) (subtract line, 7, 8d, 9c, 10c, and 11) mn (C)) 17 from line 12) 17 year (from line 73, column (A)) (attach explanation) 17 combine lines 18, 19, and 20)	b RE	2 1 2006 DEN, UT	9c 111 12 23 34 45 55 11 11 18 19 20	223 223 223 -2	1,6 3,2 6 3,8 3,8 2,1 -2

Form	990	(2005)

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Form	990 (2	1005)			77~0	101107	Page 2
Pa	rt II	Statement of All or Functional Expenses organic	ganıza zatıons	tions must complete colurs and section 4947(a)(1)	nn (A) Columns (B), (C), nonexempt charitable tru:	and (D) are required for s	section 501(c)(3) and (4) s (See the instructions)
		ot include amounts reported on line b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Gran	ts and allocations (attach schedule)					
	(cash \$	noncash \$ amount includes foreign grants,	22				
	If this check	amount includes foreign grants, here	L				
23		ific assistance to individuals (attach					
	sched	lule)	23				
24		fits paid to or for members (attach					
		ule)	24				
25	Com	pensation of officers, directors, etc.	25				
26		salaries and wages	26				
27	Pens	on plan contributions	27			- · · · · ·	
28	Other	employee benefits	28				1,>14
29		oll taxes	29			· ·	
30	Profe	ssional fundraising fees	30				
31		unting fees	31	400.	-	400.	****
32	Legal	fees	32				
33		lies	33				·
34		hone	34				
35		age and shipping	35				
36		pancy	36				
37	Equip	oment rental and maintenance	37	220			
38		ng and publications	38				·
39	Trave	١	39			7.2	
40		rences, conventions, and meetings	40		-	-	
41		est	41		· · ·		
42		ciation, depletion, etc (attach schedule)	42				
43		expenses not covered above (itemize)	<u> </u>		-1		
		DE_FESTIVAL	43a	223,217.	223,217.		
		K CHARGES	43b	204.	223/227	204.	
С			43c			2011	
d			43d				
е			43e				
f			43f				
g g			43g				
44		functional expenses. Add lines 22					
-	throug	th 43 (Organizations completing					
	13-15	ns (B)-(D), carry these totals to lines	44	223,821.	223,217.	604.	
Joi		ts. Check ▶ If you are follow				001.	
Are	any joi	nt costs from a combined educational	•		icitation reported in (B) Pro	ogram services?	► Yes X No
If "Y	'es," en	ter (i) the aggregate amount of these j	oint co	osts \$, (ii) the amount alloc	ated to Program services	
(iii)	the am	ount allocated to Management and ge	neral \$	3		llocated to Fundraising \$,

Form **990** (2005)

	(2005)

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Page 3

	555 (2555)	//-010110/	raye J
P	art III Statement of Program Service Acc	omplishments (See the instructions)	
Fo pa on	rm 990 is available for public inspection rticular organization. How the public perc	and, for some people, serves as the primary or sole source of serves an organization in such cases may be determined by the the return is complete and accurate and fully describes, in Part	information presented
W	nat is the organization's primary exempt pur	pose [?] ▶SEE STATEMENT 2	Program Service
		pose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
	•	ss achievements that are not measurable (Section 501(c)(3) and (4) e trusts must also enter the amount of grants and allocations to others)	(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	CELEBRATION. TWO DAY CULTUR	AL ARTS AND ENTERTAINMENT	
	FESTIVAL HIGHLIGHTING ACCOMP		
	LESBIAN PEOPLE.		
	PARADE. FEATURED VARIOUS GR	OUPS AND CONTIGENTS FROM WITHIN	
	THE GAY AND LESBIAN COMMUNIT	1	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	223,217.
b			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
С			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d			
	75		
	(Grants and allocations \$) If this amount includes foreign grants, check here	

223,217. Form **990** (2005)

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

e Other program services (attach schedule) (Grants and allocations \$

) If this amount includes foreign grants, check here ▶

P	art IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	7,766.	45	1,099.
	46	Savings and temporary cash investments		46	
		Accounts receivable			
	b	Less allowance for doubtful accounts 47b		47c	
		Pledges receivable 48a		48c	
	49	Less allowance for doubtful accounts		49	
	50	Grants receivable	·	43	
	30	(attach schedule)		50	
	51a	Other notes and loans receivable (attach		1.50	
ets		schedule)			
	ь	Less allowance for doubtful accounts		51c	
Ass		Inventories for sale or use		52	
1	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV		54	
	55a	Investments - land, buildings, and			
		equipment basis			
	b	Less accumulated depreciation (attach			
		schedule)55b		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis			
	0	Less accumulated depreciation (attach		57c	
	58	schedule)		58	
	"	Other assets (describe P		00	
	59	Total assets (must equal line 74) Add lines 45 through 58	7,766	59	1,099.
_	60	Accounts payable and accrued expenses	.,,	60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
abilities		schedule)		63	
jab		Tax-exempt bond liabilities (attach schedule)		64a	
_	1	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► <u>STMT_3</u>)	8,000	65	3,481.
_	66	Total liabilities. Add lines 60 through 65	8,000	66	3,481.
	Orga	anizations that follow SFAS 117, check here ► X and complete lines			
		67 through 69 and lines 73 and 74	224		0.200
ces	67	Unrestricted	-234	68	-2,382.
an	68	Temporarily restricted		69	
Ba	05	anizations that do not follow SFAS 117, check here ▶ and		+ 55 +	
pun	Orga	complete lines 70 through 74			
Ę	70	Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
set	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Vet		70 through 72,			
_		column (A) must equal line 19, column (B) must equal line 21)	-234		-2,382
_	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	7,766	. 74	1,099

7

Pá	art IV-A	instructions.)	nancial Statemer	nts With	Revenu	ie per Returi	n (Se	e the
 а	Total rev	venue, gains, and other support per audited finance	ıal statements				a	
b		s included on line a but not on Part I, line 12						
1		alized gains on investments		📙	1			
2		services and use of facilities		1	1			
3		ries of prior year grants						
4		pecify)]	
					4			
	Add line	s b1 through b4					ь	
С	Subtract	line b from line a					c	
d	Amount	s included on Part I, line 12, but not on line a:						
1	Investm	ent expenses not included on Part I, line 6b		<u>d</u>	1			
2	Other (s	pecify)						
				<u>d</u>	2			
		s d1 and d2					d	
e	Total re	venue (Part I, line 12) Add lines c and d			<u></u>	<u></u>	e	
P	art IV-B	Reconciliation of Expenses per Audited F	inancial Stateme	nts With	Expen	ses per Retu	ırn	
а	Total ex	penses and losses per audited financial statements					a	
b	Amount	s included on line a but not on Part I, line 17			1			
1	Donated	services and use of facilities		в		_ .	1 1	
2	Prior ye	ar adjustments reported on Part I, line 20		b	2	 -		
3	Losses	reported on Part I, line 20		<u>b</u>	3		1	
4	Other (s	pecify)						
				[<u>b</u>	4	***		
	Add line	s b1 through b4					b	
С	Subtract	line b from line a					С	
d	Amount	s included on Part I, line 17, but not on line a:			1			
1		ent expenses not included on Part I, line 6b			1		- 1	
2	Other (s	pecify) -						
				<u>[d</u>	2		1 1	
_	Add line	s d1 and d2					d	
e	art V (penses (Part I, line 17) Add lines c and d	· · · · · · · · · · · · · · · · · · ·		• • • • •	<u> </u>	e	
		Current Officers, Directors, Trustees, and K						r, director, trustee,
		r key employee at any time during the year even	(B)	T .	a) (See to pensation	(D) Contributions to		(E) Evenes asserted
		(A) Name and address	Title and average hours per	(If not p	aid, enter	benefit plans & d	eferred	(E) Expense account and other allowances
_			week devoted to position		D)	compensation	plans	
	VID KE		PRESIDENT					
	•	1346 THE ALAMEDA STE. 7	TOR PREGIA					
	REK MO		VICE PRESIDE	N'I'				
PI	IP 100	1346 THE ALAMEDA STE 7	-	-	- .			
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Par	V-A Current Officers, Directors, Trustees, and Key Emp	oloyees (con	tinued)			Yes	No
75a	Enter the total number of officers, directors, and trustees perm meetings	itted to vote	on organization	business at board			
b	Are any officers, directors, trustees, or key employees listed in employees listed in Schedule A, Part I, or highest component contractors listed in Schedule A, Part II-A or II-B, related relationships? If "Yes," attach a statement that identifies the indirectors.	ensated prof to each of	essional and o her through fa	ther independent	75b		x
c Do any officers, directors, trustees, or key employees listed in From 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations							Х
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization							
d	Does the organization have a written conflict of interest policy? .				75d		х
Par	tV-B Former Officers, Directors, Trustees, and Key Em (If any former officer, director, trustee, or key employee r the year, list that person below and enter the amount of c instructions)	nployees Tha	at Received C	ompensation or (Other ed bel colum	ow) d in Se	uring ee the
	(A) Name and address (B) Loar	ns and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other
							_
				,			
					_		
				2444			
Par	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization engage in any activity not previously redescription of each activity				76		х
77	Were any changes made in the organizing or governing docume If "Yes," attach a conformed copy of the changes	nts but not rep	orted to the IRS?	'	77		Х
	Did the organization have unrelated business gross income of this return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			• • • • • • • • • • •	78b	N/	A
79	Was there a liquidation, dissolution, termination, or substantial a statement	l contraction	during the year	If "Yes," attach	79		Х
80a	Is the organization related (other than by association with a common membership, governing bodies, trustees, officers, organization?	etc, to an	y other exemp	t or nonexempt	80a		Х
b	If "Yes," enter the name of the organization						
	Enter direct and indirect political expenditures (See line 81 instru	d check whethe	eritis 📖 exemp	ot or I nonexempt			
	Did the organization file Form 1120-POL for this year?				81b		Х

Form	990 (2005) 77-0101107		Pa	age 7
Par	t VI Other Information (continued)	1	es	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount		T	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
33 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_x	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	7
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	- 1	İ	
	or gifts were not tax deductible?	84b	N/P	1
35		85a	N/P	<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/P	1
	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	İ		
С	Dues, assessments, and similar amounts from members	- 1		
d	Section 162(e) lobbying and political expenditures		ľ	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
_		85g	N/P	<u> </u>
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			
		85h	N/A	<u> </u>
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
	501(c)(12) orgs Enter a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them) 87b N/A			
	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		<u>X</u> _
			İ	
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	Ī	į	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
		89b		x
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	030		
	· · · · · · · · · · · · · · · · · · ·	,	A\I	
	sections 4912, 4955, and 4958		V/A	
	List the states with which a copy of this return is filed		.,	
ь		90ь		
	The state of the s			
	Located at PMB 108 1346 THE ALAMEDA , ZIP+4 95126			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		res	No
		91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		<u>X</u>
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			اا
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u>A/N</u>	

Form **990** (2005)

Part VII	Analysis of Income-Produc	ing Activi	ti <mark>es</mark> (See the l	instructio	ons.)	010110	·	ı üğe C
	gross amounts unless otherwise	Unre	lated business in	come	Excluded b	y section 512	, 513, or 514	(E)
indicated	ım service revenue	(A) Business code	(B) Amoun	ıt	(C) Exclusion code		D) ount	Related or exempt function income
_	DE FESTIVAL			-		_		213,661
		<u> </u>					-	213,001
		····						
e				· · · · · ·				
	re/Medicaid payments							
	nd contracts from government agencies		-	_				
	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	-						
	al income or (loss) from personal property	·						- -
	Investment income							
	(loss) from sales of assets other than inventory come or (loss) from special events .							7,939
	profit or (loss) from sales of inventory							1,939
	revenue a		-					
				<u> </u>				
e	-				-			
	tal (add columns (B), (D), and (E))							221,600
	(add line 104, columns (B), (D), and (E							
	05 plus line 1d, Part I, should equal to							221,000
				of Exen	npt Purpo	ses (See t	he instruc	tions.)
Line No.	Explain how each activity for which					-		
▼	of the organization's exempt purpor							200 mpile i morit
93	FESTIVAL AND PARADE	BOTH SE	RVE TO EDU	CATE T	HE PUBLI	C ABOUT	1	
	THE LIFESTYLE AND CU							
							:	
Part IX	Information Regarding Taxa	ble Subsi	diaries and D	isregard	led Entitie	s (See the	instructio	ons.)
	(A)		(B)		(C)		(D)	
	lame, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature	e of activities	То	tal income	(E) End-of-year assets
-			%					
			%					
			%					
			%					
Part X	Information Regarding Trai	nsfers Ass	sociated with	Persona	al Benefit	Contracts	(See the	instructions.)
(a) Did the	e organization, during the year, receive a	ny funds, direc	tly or indirectly, to pa	av premiums	on a personal	benefit contrac	t?	Yes X No
	ne organization, during the year	•		• •	•			• • • • • • • • • • • • • • • • • • • •
	Yes" to (b), file Form 8870 and Fe				•			
	Under penalties of perjury, I decla							
Please	and belief, it is true, correct, and	complete De	claration of prepare ~	er (other thar	n officer) is bas	ed on all inform	nation of which	preparer has any knowledge
	I del band	Xulta					16/	13/06
Sign	Signature of officer	1					Date /	7
Here	Davik m	Yer-	es to	rusumer			•	•
	Type or print name and title	7 🗸		· - m141				
	Preparer's				Date	Check if		Preparer's SSN or PTIN (See Gen Inst
Paid	signature	adeas	S	1	05/04/20	self-	.d ▶ 🗀	P00544452
Preparer's	S Firm's name (artistic	UCCHI.	HAWN & CO.	•	,,	. J C Chiproye	EIN >	94-2847272
Use Only	I FIRM S Hame for yours \			UITE 4	00		Phone	
•	address and 7IP + 4	JOSE,	CA	<u> </u>		26-1746	no >	408-983-1040

JSA 5E1050 1 000

29495

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 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

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

CALL DRIBE OF THE ORGANIZATION						
GAY PRIDE CELEBRATION COMMITTEE OF	77-0101107					
Compensation of the Five Highe (See page 1 of the instructions. List e	each one. If there a	es Ot re nor	ner Than Offi ne, enter "Non-	ricers, Direc e.")	tors, a	nd Irustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average h per week devoted to po		(c) Compensation	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other allowances
	1					
						
						
			<u>.</u>			
Total number of other employees paid over \$50,000 ▶						
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Independ	lent (Contractors f	or Professi	onal S	ervices
(a) Name and address of each independent contractor paid		IIIGIVI	(b) Type of se		r	C) Compensation
NONE						
						,
Total number of others receiving over \$50,000 for professional services ▶	NONE					
Part II-B Compensation of the Five Higher (List each contractor who performed firms. If there are none, enter "None	d services other tha	an prof	fessional servi	for Other Seces, whether	ervices individu	als or
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of se	rvice	(0) Compensation
NONE						
		-				
Total number of other contractors receiving over \$50,000 for other services	yov.				L - , _ .	

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

Schedule A (Form 990 or 990-EZ) 2005

Pai	t III Statements About Activities (See page 2 of the instructions)	Yes	No No
1	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)		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other		1
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of		
	the lobbying activities	ŀ	
2	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	ļ	
	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)	İ	
2	· ·	_	
а	Sale, exchange, or leasing of property?		+-
ь	Lending of money or other extension of credit?		+-
С	Furnishing of goods, services, or facilities?		+-
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	 -	
е	Transfer of any part of its income or assets?	-	+-
3 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)	•	┿
b	Do you have a section 403(b) annuity plan for your employees?	<u> </u>	—
С	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? <u>30</u>	:	┿
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on		
	the use or distribution of funds?	<u> </u>	
ь	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<u> </u>	<u> </u>
Pai	Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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	у,	
	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)	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. Secti	on	
	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) Check		
	the box that describes the type of supporting organization Type 1 Type 2 Type 3		
	Provide the following information about the supported organizations (See page 6 of the instructions)		-
	(b) Line nur	nher	-
	(a) Name(s) of supported organization(s) from about		
			-
			-
			-
14	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)		

	rt IV-A Support Schedule (Complete only if					-
	te: You may use the worksheet in the instruction	ns for converting fr		he cash method of	accounting NOT	APPLICABLE
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)					
	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			1		
	organization's charitable, etc., purpose					
18	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					
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					
	its behalf					
21	The value of services or facilities furnished to	`				
21						
	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					
23	Total of lines 15 through 22		·			
24	Line 23 minus line 17					
25	Enter 1% of line 23			<u></u>		
26	Organizations described on lines 10 or 11: a	Enter 2% of amount	ın column (e), line 24	4 NOT APPLICA	BLE ▶ 26a	
t	Prepare a list for your records to show the r	name of and amou	unt contributed by	each person (oth	er than a	
	governmental unit or publicly supported organi	ization) whose tota	gifts for 2001	through 2004 exce	eeded the	
	amount shown in line 26a Do not file this list	st with your retur	n Enter the total	of all these excess	amounts 🕨 26b	
c	: Total support for section 509(a)(1) test Enter line 24	, column (e)			▶ 26c	
c	Add Amounts from column (e) for lines 18	19				
	22	26			▶ 26d	
e	Public support (line 26c minus line 26d total)					
f	Public support percentage (line 26e (numerator) d	livided by line 26c (de	enominator))		▶ 26f	l %
27	Organizations described on line 12: a For	amounts included	d in lines 15. 1	16. and 17 that	were received fr	om a "disqualified
	person," prepare a list for your records to she Do not file this list with your return. Enter the sum	ow the name of, a	and total amounts	received in each	year from, each "	disqualified person"
	NOT APPLICABLE	or such amounts for	each year			
	(2004) (2003)		(2002)		(2001)	
h	For any amount included in line 17 that was re		norcen (ether than	"disgualified person	(2001)	
	show the name of, and amount received for each	n vear, that was mo	person (other than ore than the larger	of (1) the amount	on line 25 for the	vear or (2) \$5 000
	(Include in the list organizations described in line	es 5 through 11, as	s well as individuals	s) Do not file this	list with your retu	rn. After computing
	the difference between the amount received an	d the larger amou	nt described in (1)) or (2), enter the	sum of these diff	erences (the excess
	amounts) for each year (2004) (2003)		(2002)		(2004)	
	(2004) (2003)		(2002)		(2001)	
	Add Amounto from religion (a) for the def		_			
С	Add Amounts from column (e) for lines 15 20	16	·		ı	1
	17 20	21	·		· · · · · ▶ 27c	
d	Add Line 27a total	and line 27b total .	•		▶ 27d	
е					▶ 27e	
f	Total support for section 509(a)(2) test Enter amount	nt from line 23, colum	n (e)	▶ 27f		
g	Public support percentage (line 27e (numerator) d	livided by line 27f (de	enominator))		▶ 27g	<u>%</u>
<u>h</u>						
28	Unusual Grants: For an organization describe	d in line 10, 11,	or 12 that reco	erved any unusual	grants during 20	01 through 2004,
	prepare a list for your records to show, for description of the nature of the grant Do not file this	each year, the ha	ine or the contrib n. Do not include th	outor, the date an lese grants in line 15	u amount of the	grant, and a brief
JSA		rear year return		- g III III 10	Schedule A (For	m 990 or 990-EZ) 2005

Pai	Private School Questionnaire (See page 7 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	C	<u> </u>
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		
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		İ
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	December and the december of the second seco			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a	:	
-	The state of the s	<u> </u>		
b	Admissions policies?	33b		
	Admissions policies.			
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
	Llan affanilkan2			
T	Use of facilities?	33f		
~	Athletic programs?	22 -		
9	Athletic programs/	33g		
h	Other extracurricular activities?	33h		
-		3311		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
25	Done the agreement of a state of the second of the second of the second of a state of the second of			
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	art VI-A		xpenditures by Elec pleted ONLY by an						TCAE) T E
Che	eck ▶a		zation belongs to an affil							itrol" provisions apply
			imits on Lobbying	•	rred)		Affiliate	a) d grou als	ıρ	(b) To be completed for ALL electing organizations
36	Total lob		tures to influence publ	<u></u>	<u></u>	26				
37	Total lob	ibying expendi	tures to influence a lea	gic opinion (grassroots	opposition	36				<u> </u>
38	Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) 38									<u> </u>
39										
40										
41 Lobbying nontaxable amount Enter the amount from the following table -										
7.		the amount on line 40 is - The lobbying nontaxable amount is -								1
				• -	`	·				1
			\$1,000,000 \$100,00		i i					ı
			er \$1,500,000 \$175,00		1	41				1
			er \$17,000,000 \$225,00		l l					
			\$1,000,							1
42	Grassro	ots nontaxable	amount (enter 25% o	f line 41)		42				1
43	Subtract	line 42 from l	ine 36 Enter -0- if line	42 is more than line	36	43				· · · · · · · · · · · · · · · · · · ·
44			ine 38 Enter -0- if line			44				
	Caution:	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720.					
			4-Year	Averaging Period	Under Section	501(h)				
	(Sc	ome organizati	ons that made a secti	on 501(h) election do	not have to com	plete al	l of the fi	ve col	umns	below
			See the instruction	ons for lines 45 throug	h 50 on page 11	of the ı	nstructio	ns)		
				Lobbying Expendi	tures During 4	-Year A	veragin	g Pe	riod	
	Calendar	year (or fiscal	(a)	(b)	(c)		(d)		(e)
	year begii	nning in) 🕨	2005	2004	2003		20	002		Total
	Lobbying	nontaxable								1
<u>45</u>		· · · · · · · · ·								
		ceiling amount								1
46	(150% of	line 45(e))					-			
										1
<u>47</u>		ing expenditures								
		ts nontaxable								1
<u>48</u>	amount	• • • • • • •								i e
		ceiling amount								1
<u>49</u>		ine 48(e))							-	
		ts lobbying								
		l obbying 1	ctivity by Nonelecti	na Dublia Charitian	<u> </u>					
Fa	art VI-B		ing only by organiza	-		۸۱ (۵۵۵	NOT 1			
Dur	ung the yes		ing only by organiza				paye i	01	ine in	structions)
			nion on a legislative mat			ng any		Yes	No	Amount
а	•		•	, ,				<u> </u>		
h	Paid sta	ff or manager		eation in evnences ren	orted on lines a th					1
C								<u> </u>		!
d	Mailinge	to membere				· · · · ·				
e			ned or broadcast state					<u> </u>		
f			red or broadcast state zations for lobbying pu					<u> </u>		
a			islators, their staffs, g		r a legislative bod			 		
y h			s, seminars, conventid					<u> </u>		
i			s, seminars, convenue tures (Add lines c thro					-		
•			bove, also attach a st					L		
JSA		country of the a	bovo, also attach a st	atement giving a deta	med description (יו מופ וטט	bying act		ule A f	(Form 990 or 990-EZ) 2005
5E1:	240 1 000									,

Sch	edule A (Fo	rm 990 or 990-EZ) 2005		77-0101107		F	Page 6
Pa	rt Vil	Information Regarding Exempt Organizations (Transfers To and Transactions an See page 12 of the instructions.)		ole	_	
51	Did the re	porting organization directly	or indirectly engage in any of the follo	owing with any other organization des	cribed ii	1 sect	tion
			n 501(c)(3) organizations) or in sectio		s?		
а			ation to a noncharitable exempt organiz			Yes	No
	(i) Casi	h			51a(i)		X
	(ii) Othe	er assets			a(ii)		X
b	Other tran	nsactions			1		
	(i) Sale	es or exchanges of assets w	rith a noncharitable exempt organization	1	b(i)		Х
	(ii) Purd	chases of assets from a nor	ncharitable exempt organization		b(ii)	L	Х
	(iii) Ren	tal of facilities, equipment, o	or other assets		b(iii)		X
	(iv) Reir	nbursement arrangements			b(iv)		X
	(v) Loai	ns or Ioan guarantees			b(v)		X
	(vi) Perf	formance of services or me	mbership or fundraising solicitations		b(vi)		X
			ng lists, other assets, or paid employee		С		X
d			" complete the following schedule Column				
			the reporting organization if the organization		y		
			v in column (d) the value of the goods, other	assets, or services received			
	(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	Description of transfers, transactions, and s	sharing arra	ngeme	nts
	N/A						
					.		
						-	
		· · · · · · · · · · · · · · · · · · ·					
			-				
							
					·		
	·····						
	describe	d in section 501(c) of the C complete the following sche		n section 527?	Yes	; <u>}</u>	∢ No
_	Na	(a) me of organization	(b) Type of organization	(c) Description of relations	hip		
		~					
	N/A						
		· - · · · · · · · · · · · · · · · · · ·					
							
		<u> </u>					
							
							
	<u> </u>						
				-	_		
			<u> </u>				

Schedule A (Form 990 or 990-EZ) 2005

JSA 5E1250 1 000

- SPECIAL FUNDRAISING EVENTS AND ACTIVITIES FORM 990, PART I

STATEMENT

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

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

GAY	PRIDE	CELEBRATION	COMMITTEE	OF	SAN	JOSE

77-0101107

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION _____

ENDING BOOK VALUE -----

LINE OF CREDIT

3,481.

TOTALS

3,481. _____