## 43 55217 £93898 18

## **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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

A	For th	ie 2007 ca	lendar	year, or tax year beginning	JANUARY 1,	, 2007, and	ending Di		R 31 , 20 C		
В	heck if	applicable	Please	C Name of organization				D Emplo	yer identification	n number	
$\Box$	Address	change	use IRS label or	GAY PRIDE CELEBRATIO	N COMMITTEE	OF SAN JOS	SE, INC.	77	0101	107	
	lame c		print or	Number and street (or PO box if	mail is not delivered	to street address	) Room/suite	E Telepi	none number		
	nitial re	- 1	type. See	PMB 508, 1346 THE ALAM	EDA		7	( 408	31	4-9292	
=	ermina		Specific Instruc-	City or town, state or country, an	d ZIP + 4			F Account	ing method: Ca	ash Accrual	
		ed return	tions	SAN JOSE, CA 95126					ther (specify)		
=		on pending	• Sec	tion 501(c)(3) organizations and	4947(a)(1) nonexem	not charitable	H and I are no		e to section 527	organizations	
U,	фрисац	on pending		its must attach a completed Schee			H(a) Is this a	group retu	rn for affiliates?	🗌 Yes 🔲 No	
G V	Nebsiti	e: ► http:	s://ww	w.svpride.com			H(b) If "Yes,"	enter num	ber of affiliates 🕨		
							H(c) Are all at			Yes No	
<u>J</u> (	Organiz	zation type	(check o	nly one) ► 🕢 501(c) ( 3 ) <b>⊲</b> (ins	ert no ) 🔲 4947(a)	(1) or 527			t See instruction	s)	
				rganization is not a 509(a)(3) supp			H(d) Is this a s	separate retu	rn filed by an by a group ruling?	□ Yes □ No	
				re than \$25,000. A return is not reque a complete return	ired, but if the organi	zation chooses		xemption N		☐ 163 ☐ 110	
	o me a	Teturn, De st					<del></del>		the organization	o to pot required	
L	Gross	receipts A	dd lines	s 6b, 8b, 9b, and 10b to line 12	<b>▶</b> 204.	911 .			Form 990, 990-E		
	art I			penses, and Changes in						, 0, 000 /	
				gifts, grants, and similar amo				10 11.00.0	1		
	1					1a	201,3	30			
	a					1b		<del>"</del>			
	b			upport (not included on line	•	1c					
	C	•		support (not included on line	*	1d					
	d			intributions (grants) (not inclu		L		1e		201,330	
	е	Total (ad	d lines	1a through 1d) (cash \$e revenue including governmen	nonc	AST TITE	DART	. 2		201,330	
	2	Program	service	revenue including governmen	it fees and contr	ants (worth Par	CVIIVINE 93)				
	3			les and assessments		RECEIVE	EN .	. 3	<del> </del>		
	4			ngs and temporary cash inve			inia.	. 4	<del> </del>		
	5			interest from securities		MAR, 0.7	2018	5			
	6a	Gross re	ents		٠	6a	NOL	`*	REC	CEIVER	
	b			penses		PROBRA	MACLI	<u>}</u>			
				ne or (loss) Subtract line 6b	from line 6a	OGDE	N ;	6c	160	A 5 00:3	
e	7			nt income (describe	(A) Securities	(5	3) Other	) 7	166)	0.5 2018	
Revenue	8a			from sales of assets other -	(A) Geodifiles	<del></del>	J Other	<b></b> -{` · ``^			
æ	<b>!</b>	than inve	•			8a		<b> </b>	OGS	DEAL LIT	
	1			er basis and sales expenses, 📖	<del></del>	8b		,		DEN, UT	
	4	•	, ,	attach schedule) L	<del></del>	8c		<b></b> -			
	d	•	•	s) Combine line 8c, columns (				8d			
	9	Special ev	vents an	id activities (attach schedule). If a	any amount is from	n <b>gaming,</b> chec	ck here 🕨 🔲				
	a				of				•		
	1	contribut	tions re	eported on line 1b)		9a	18,1	81	•		
	b	Less dir	ect exp	penses other than fundraising	g expenses .	9b	14,6	—— `			
	С			(loss) from special events. Si				9c	<u> </u>	3,580	
	10a			inventory, less returns and a	llowances .	10a					
3 <b>6</b> 7.	ь		_	oods sold		10b		_			
	С			oss) from sales of inventory (attac	ch schedule) Subt	ract line 10b fro	om line 10a .	10c	<del></del>		
Ž.	11							11			
≕ <u>`                                    </u>	12			Add lines 1e, 2, 3, 4, 5, 6c, 7,		111	·	. 12		204,911	
×	13	_		es (from line 44, column (B))				13		205,331	
[/{//A R Expenses	14	-		nd general (from line 44, coli	ımn (C)) .			14			
≱ē.	15							15			
	16	Payment	ts to af	filiates (attach schedule)				16		<del></del>	-
<u> </u>	17	lotal ex	pense	s. Add lines 16 and 44, colu	mn (A)	<del></del>	·	17		205,331	
∰ st	18	Excess of	or (defi	cit) for the year. Subtract line	e 17 from line 12	2		18		-420	
₹ se	19	Net asse	ets or f	und balances at beginning o	f year (from line	73, column (	(A))	19		2,761	
et 💱	20	Other ch	anges	in net assets or fund balance	es (attach expla	nation)		20			
<u>ک ح</u>	21	Net asset	ts or fu	s. Add lines 16 and 44, coluing of the year. Subtract lines und balances at beginning of in net assets or fund balances at end of year Cowork Reduction Act Notice, se	ombine lines 18,	19, and 20	<del></del>	21		2,341	/
<sup>ℋ</sup> For	Priva	cy Act and	l Paper	work Reduction Act Notice, se	e the separate in	nstructions.	Cat No 11282	Y .	Fo	rm <b>990</b> (2007)	-

	Functional Expenses organizations and some point include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I	-	(A) Total	services	and general	(ש) Fundraising
22a	Grants paid from donor advised funds (attach schedule)	1 1	ĺ			
	(cash \$ noncash \$) If this amount includes foreign grants, check here ► □	22a	ĺ			
226		1				}
22b	(cash \$ noncash \$)	1 1				·
	If this amount includes foreign grants, check here	22b				-
23	Specific assistance to individuals (attach					1
20	schedule)	23				
24	Benefits paid to or for members (attach	24	l			
	schedule)	24	~			
25a	Compensation of current officers, directors,	25a	į	i		i
<b>h</b>	key employees, etc. listed in Part V-A Compensation of former officers, directors,					
b	key employees, etc listed in Part V-B	25b				
_						
С	Compensation and other distributions, not included above, to disqualified persons (as	] ]				
	defined under section 4958(f)(1)) and persons	1 1	Ì			
	described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included	1 1		Ì		j
	on lines 25a, b, and c	26				<u> </u>
27	Pension plan contributions not included on					
	lines 25a, b, and c	27				
28	Employee benefits not included on lines	28				
00	25a – 27	29				
29 20	Payroll taxes	30			<del></del>	
30 31	Professional fundraising fees	31				
31 32	Legal fees	32				
33	Supplies	33	1,909	1,909		
34	Telephone	34			-	
35	Postage and shipping	35	843	843		
36	Occupancy	36				
37	Equipment rental and maintenance	37	4,780	4,780		
38	Printing and publications	38			·	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):	40-	20.006	20.000		
а	LICNESE AND PERMIT AND CITY FEES	43a	20,896	20,896		<del></del>
b	ADVERTISING AND MARKETING	43b	5,669 23,051	5,669 23,051		<del></del>
c	ENTERTAINMENT, STAGING AND SOUND EVENT STAFF MANAGEMENT	43c	36,155	36,155		<del></del>
d	POLICE AND SECURITY	43e	20,897	20,897		
e	TENTS, POTTIES, FENCING AND CLEANU	43f	45,711	45,711		<del></del>
f	CONCESSION COSTS	43g	45,420	45,420		<del></del>
g	.,	1				<del></del>
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing	} }	ļ	ļ	į	
	columns (B)-(D), carry these totals to lines		ļ			
	13–15)	44	205,331	205,331		L
Join	t Costs. Check ▶ ☐ if you are following SOP	98-2.		<del></del>		
Aro a	ny joint costs from a combined educational campaign	and fur	idraising solicitation	reported in (B) Pro-	gram services?	► TYes TNo

Part III	Statement of Program Serv	ice Accomp	olishments (S	See the	instructions.)
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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.

۸'n	at is the organization's primary exempt purpose? ▶	EDUCATE THE PUBLIC OF LGBTQ ISSUES	Program Service
All of (	organizations must describe their exempt purpose achieveluents served, publications issued, etc. Discuss achiever	vernents in a clear and concise manner. State the number ments that are not measurable. (Section 501(c)(3) and (4) st also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	ANNUAL CELEBRATION - A TWO DAY EVENT WIT ENTERTAINMENT, HIGHLIGHTING THE LGBTQ CO LGBTQ COMMUNITY AND NON-LGBTQ COMMUNI	OMMUNITY, FEATURING GROUPS WITHIN THE	
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶ □	205,331
b			
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶ □	
С			
		***************************************	
	(Grants and allocations \$	) If this amount includes foreign grants, check here <b>&gt;</b>	
d			
		•••••••••••••••••••••••••••••••••••••••	
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)		
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal li	ine 44, column (B), Program services) ▶	205,331

Рa	rt IV	Balance Sheets (See the instructions.)		,	
N	ote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only  (A) Beginning	of year		<b>(B)</b> End of year
$\neg$	45	Cash—non-interest-bearing	2,761	45	2,341
ı	46	Savings and temporary cash investments		46	
	40	Cavings and temporary dustrinives another			
	47a	Accounts receivable			
		Less allowance for doubtful accounts . 47b		47c	
		2005 dilowarioo isi doddiidi dooddiid			
Ì	48a	Pledges receivable			
		Less allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			
ts		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
		schedule)			
Assets	b	Less allowance for doubtful accounts . 51b		51c	
⋖	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV	-	54a	
	b	Investments—other securities (attach schedule)   Cost FMV		54b	
	55a	Investments—land, buildings, and			
		equipment basis			
	b	Less accumulated depreciation (attach		55c	
		scriedule)		56	· · · · · · · · · · · · · · · · · · ·
	56	Investments—other (attach schedule)		7.	· · · · · · · · · · · · · · · · · · ·
	1	Land, buildings, and equipment basis.		٠,	
	þ	Less accumulated depreciation (attach		57c	
	58	schedule)			
	30	(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	2,761	59	2,341
	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			
bilities		schedule)		63	
Liab	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►		65	<del></del>
		Tablichilities Add lines CO through CE	0	66	0
	66	Total liabilities. Add lines 60 through 65		00	
	Org	anizations that follow SFAS 117, check here ▶ □ and complete lines			
è		67 through 69 and lines 73 and 74		67	
anc	67 68	Unrestricted		68	
3a <u>f</u>	69	Permanently restricted		69	
Fund Balances		anizations that do not follow SFAS 117, check here ▶ □ and			
Ē	Jong	complete lines 70 through 74.		461- N SEC	
ō	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund .	<del></del>	71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
¥.	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ž		70 through 72 (Column (A) must equal line 19 and column (B) must		73	
	74	equal line 21)	2,761	74	2,341
	1,4	Total numinies and net assets/faile balances//ice inico do and / o	4,701	<del>- '</del>	2,041

Pa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	lited Financial Statem	nents	With Rev	enue pe	er Re	turn	(See the	
а	Total reve	enue, gains, and other support per audit	ed financial statements				а			
b		included on line a but not on Part I, line		•	•			T		
1				b1	ì		1	1		
2		services and use of facilities		b2			1	1		
3		es of prior year grants		b3			1			
4		ecify).		-			1	1		
4	` '	<del>5</del> :		b4			1			
		h4 through h4			L		ь	1		
_		<b>b1</b> through <b>b4</b>					C			
c							<b> </b> —	<del>                                     </del>		
ď		included on Part I, line 12, but not on li		l d1	l					
1		nt expenses not included on Part I, line		<u> </u>			1			
2	Other (sp	ecify)·		42				}		
	Add lines	d1 and d2			L		ď	1		
е		d1 and d2					e	<del> </del>		
	rt IV-B							etur	n	
а	Total exp	enses and losses per audited financial s	statements				a			
b	Amounts	included on line a but not on Part I, line	e 17:				1.			
1	Donated	services and use of facilities		b1			],,			
2	Prior year	adjustments reported on Part I, line 20		b2			] 、	l		
3	Losses re	eported on Part I, line 20		b3			]	1		
4	Other (sp	ecify)		1						
				<u>b4</u>	L		J	{		
	Add lines	<b>b1</b> through <b>b4</b>					b	<u> </u>		
С		line <b>b</b> from line <b>a</b>					C	<u> </u>		
d	Amounts	included on Part I, line 17, but not on Ii	ne <b>a:</b>				,	]		
1		nt expenses not included on Part I, line		d1	L		* \$	1		
2	Other (sp	ecify):	• • • • • • • • • • • • • • • • • • • •				7.			
				d2	<u> </u>		š	ļ		
	Add lines	d1 and d2					d	L		
е		d1 and d2					e	<u> </u>		
Pa	rt V-A	Current Officers, Directors, Trustees	s, and Key Employees	(List	each perso	n who wa	s an o	fficer	, director, t	rustee,
		or key employee at any time during the ye	ar even if they were not							
		(A) Name and address	(B) Title and average hours per	(C) C	ompensation t paid, enter	(0) Contribut benefit pla	ions to er ns & defe	nployee erred	(E) Expense and other alice	account
			week devoted to position	,	-0)		sation pla			
ST	EVE COCH	IRANE /	10						Į.	
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Form	990 (2007)			age 6
Pai	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
b	Are any officers, directors, trustees, or key employees listed in Form 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		1
	Do any officers, directors, trustees, or key employees listed in Form 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 the organization? See the instructions for the definition of "related organization"	75c	-	¥.
	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Ben officer, director, trustee, or key employee received compensation or other benefits (described below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the in	efits (If	ear, lı	ormer st that
	(A) Name and address  (B) Loans and Advances  (C) Compensation (if not paid, enter -0-)  (if not paid, enter -0-)  (compensation (D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper	other
NO			<u> </u>	
		<del> </del>		
Par	Other Information (See the instructions.)	Ή.	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	^	~
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<b>√</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	` 	*. •
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		
	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		✓ ·
þ	If "Yes," enter the name of the organization ▶	T	1	
	and check whether it is exempt or nonexempt nonexempt or the content of the conte	81b	_	

	t VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
UZ.a	or at substantially less than fair rental value?	82a		✓
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.)		٠, .	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>✓</b>	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or	84b	`	
Q5a	gifts were not tax deductible?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	If "Yes" was answered to either 85a or 85b, <b>do not</b> 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			
d	( ) ( )			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	950		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		` .
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		~
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12	Λ.		
	Gross receipts, included on line 12, for public use of club facilities	`		·* ,
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a		, 1	*
b	Gross income from other sources (Do not net amounts due or paid to other	« *	٠, ا	
	sources against amounts due or received from them.)		,	Ų
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	Ì	, `;	*
	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	88a	>	7
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
-	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓_
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under		â	
	section 4911 ▶		<i>".</i>	,
b	501(c)(3) and 501(c)(4) orgs. 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	89b	4 - >~	Ž
_	a statement explaining each transaction			*
C	persons during the year under sections 4912, 4955, and 4958	*	\ »,	F.40 ~
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	\$ ^y	, ,	. 7,
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		.S.	,
	transaction?	89e		<del>-</del>
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<u></u>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		٤٠,	•
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	* -	· • • • • • • • • • • • • • • • • • • •
90a	List the states with which a copy of this return is filed ► CALIFORNIA			
	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions )			0
91a	The books are in care of ► JOHN RODGERS, ADMIN. & SECRETARY  Telephone no ► (408)		4-929	2
	Located at ► 400 W. CAMPBELL AVE, CAMPBELL, CA ZIP + 4 ► 950	VØ	•	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		<del>√</del>
	If "Yes," enter the name of the foreign country ▶	$\neg \exists$		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	٠		
	and Financial Accounts.			

	•							
orm 99			<del> </del>	<u></u>			Page (	_
art		Other Information (continued)			<del></del>		Yes No	
С	At a	ny time during the calendar year, did the	e organization ma	intain an office (	outside of the	United States?	91c	-
	If "Y	es," enter the name of the foreign count	ry ▶					
		tion 4947(a)(1) nonexempt charitable trus					▶∟	_
		enter the amount of tax-exempt interest  Analysis of Income-Producing A				92	<del></del>	-
Part		<del></del>		ousiness income		ion 512, 513, or 514	(E)	-
		r gross amounts unless otherwise	<del></del>	T	<del></del>		Related or	
idicai			(A) Business code	( <b>B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	exempt function income	
93		gram service revenue; L REVENUE	<del></del>	<del> </del>	+		204,911	-
a		<del></del>	_	1	<del>  </del>			-
b			_	†	1			-
c d								-
e								-
f	Med	dicare/Medicaid payments						
g		s and contracts from government agencies	es					
94		mbership dues and assessments						
95		rest on savings and temporary cash investmen	its					_
96		idends and interest from securities						_
97	Net	rental income or (loss) from real estate.	<u> </u>	<u> </u>	, 1'-			_
а	deb	ot-financed property	ļ	<u> </u>			l	_
b	not	debt-financed property	ļ		<del></del>			_
98 ୍	Net	rental income or (loss) from personal propert	у	<del> </del>	<del> </del>			_
99	Oth	er investment income	ļ	<del></del>	<del> </del>			_
00	Gair	or (loss) from sales of assets other than invento	ry	<del> </del>	<del> </del>			_
01		income or (loss) from special events .		ļ	<del></del>			_
02		ess profit or (loss) from sales of inventory	i i	<del> </del>	<del> </del>			_
03	Oth	er revenue. a	}	<del> </del>		·	<del></del>	-
b				<del> </del>	+		<del></del>	-
C			— <del> </del> -	<del> </del>	+			-
ď				<del></del>	<del> </del>		<del></del>	-
е	Cul	etatal (add calumns (B) (D) and (E))			V <sub>14</sub> , , , ,		204,911	-
04 05		ototal (add columns (B), (D), and (E))    . al (add line 104, columns (B), (D), and (E					204,911	-
		105 plus line 1e, Part I, should equal th						•
art	VIII	Relationship of Activities to the A	ccomplishment	of Exempt Pur	poses (See the	e instructions.)		•
Line	No.	Explain how each activity for which inco	me is reported in c	olumn (E) of Part \	/II contributed in	nportantly to the	accomplishment	٠
		of the organization's exempt purposes (c						
		FUNDS WERE USED AS PART OF TH	E ANNUAL CELE	BRATION WHIC	CH FULFILLED	THE MISSION	OF THE	
		ORGANIZATION.						
			·				·	-
_						<del></del>	<del></del>	•
Part	ΙX	Information Regarding Taxable Su	bsidiaries and D			nstructions.)	/r=\	-
	Nan	ne, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	ctivities	(D) Total income	<b>(E)</b> End-of-year	
		partnership, or disregarded entity	ownership interest	rature of a		, otal moonie	assets	
			<u>%</u>					
			<u>%</u>					
			% %					
Part	Χ	Information Regarding Transfers Ass		sonal Benefit Co	ontracts (See th	ne instructions.)	<del></del>	

Part	is a controlling organization	<b>Fransfers To and Fron</b> on as defined in section	n Controlled Entities. Complete on 512(b)(13).	ly if the organization
106		ake any transfers to a con	strolled entity as defined in section 512(	(b)(13) of Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals	,·	3	
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"		a controlled entity as defined in section elow for each controlled entity	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer.
а				
b				
С				
	Totals			
108	rents, royalties, and amulties des	ng written contract in effe	ct on August 17, 2006, covering the int	
Plea Sign Here	Under penalties of perjury, declare that and belief, it is true, correct, and complesse	have examined this return, included Declaration of preparer (other	ding accompanying schedules and statements, and than officer) is based on all information of which pate.	
Paid Prepai	Preparer's signature		self- employed ▶ □	s SSN or PTIN (See Gen Inst X)
Use O			EIN ► Phone no ► (	)

## SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

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 COLO		NA LOCE INO Y		Employer identifica	
	E CELEBRATION COMMITTEE OF SA				0101107
Part I	Compensation of the Five High (See page 1 of the instructions. I				ind Trustees
(a) Name a	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					
otal number	of other employees paid over \$50,000 .		T	· / /-	
Part II-A	Compensation of the Five High (See page 2 of the instructions. Lis				
(a) N	arge and address of each independent contractor			of service	(c) Compensation
NONE					
Fotal number	er of others receiving over \$50,000 for		***		
orofessional	services	<u></u>			, , ,
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv		ividuals or
(a) Na	ame and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE.					
	er of other contractors receiving over other services			<del></del>	

Pai	Statements About Activities (See page 2 of the instructions.)		Yes	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)	_1		✓ .
	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.			
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 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)			
a	Sale, exchange, or leasing of property?	2a		✓_
b	Lending of money or other extension of credit?	2b	_	✓_
С	Furnishing of goods, services, or facilities?	2c		<b>✓</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u> </u>
e	Transfer of any part of its income or assets?	2e		<u> </u>
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	За	_	<b>✓</b>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓_
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<b>✓</b>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			1
b	lines 4f and 4g	4a 4b	_	V
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part IV Reason for Non-Private Foundation Status (See	pages 4 through 8 of the instructions.)							
certify that the organization is not a private foundation because it is: (Ple								
5 A church, convention of churches, or association of churches. Se	ection 170(b)(1)(A)(i)							
A school. Section 170(b)(1)(A)(ii). (Also complete Part V)								
7 A hospital or a cooperative hospital service organization. Section	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).							
	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
An organization operated for the benefit of a college or university ov (Also complete the <b>Support Schedule</b> in Part IV-A)	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)( (Also complete the <b>Support Schedule</b> in Part IV-A)							
· == · · · · · · · · · · · · · · · · ·	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A)							
11b	upport Schedule in Part IV-A)							
from activities related to its charitable, etc., functions—subject to from gross investment income and unrelated business taxable in	An organization that normally receives: (1) more than 33%% 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%% 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)							
An organization that is not controlled by any disqualified persor requirements of section 509(a)(3). Check the box that describes t								
☐ Type II ☐ Type III-Functionally	y Integrated ☐Type III-Other							
Provide the following information about the supported of	organizations. (See page 8 of the instructions)							
(a) Name(s) of supported organization(s) Employer identification number (EIN) (described 5 throug above or sectio	ation organization listed in support in lines the supporting h 12 organization's governing documents?							
	Yes No							
None								
Total								
14 An organization organized and operated to test for public safety	Section 509(a)(d) (See page 8 of the instructions )							

	t IV-A Support Schedule (Complete only :: You may use the worksheet in the instructions						becounting.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20		(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28).	197,927	213,734	188,290	27	0,417	870,368
16	Membership fees received						
17	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						
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income from similar sources, 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			<del></del>			
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			. ,			
	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	197,927	213,734	188,290		0,417	870,368
24	Line 23 minus line 17	197,927	213,734	188,290		0,417	870,368
25	Enter 1% of line 23	1,979	2,137	1,882		2,704	17.407
26	Organizations described on lines 10 or 11:			· -	▶	26a	17,407
b	Prepare a list for your records to show the name		•	•		Κ.	70 ×
	governmental unit or publicly supported organiz	•	•	•		26b	
_	amount shown in line 26a <b>Do not file this list w</b> ill Total support for section 509(a)(1) test: Enter lii				ounts -	26c	870,368
d	• •						
ŭ					•	26d	0
е	Public support (line 26c minus line 26d total)				•	26e	870,368
f	Public support percentage (line 26e (numera			nator))	<b>&gt;</b>	26f	100 %
27	Organizations described on line 12: a Fo	r amounts includ	ed in lines 15, 1	6, and 17 that w	ere receiv	ed fror	n a "disqualified
	person," prepare a list for your records to show Do not file this list with your return. Enter the				r from, eac	h "disc	jualified person "
	•		•				
	(2006) (2005)						
b	For any amount included in line 17 that was received	ved from each pers	son (other than "di	squalified persons	"), prepare	a list f	or your records to
	show the name of, and amount received for each (Include in the list organizations described in lines to						
	the difference between the amount received and						
	amounts) for each year						
	(2006) (2005)		(2004)		(2003)		
С	Add Amounts from column (e) for lines 15		16				
·	17 20				•	27c	
d		and line 27b total			•	27d	
e	Public support (line 27c total minus line 27d to				•	27e	
f	Total support for section 509(a)(2) test: Enter a						
g	Public support percentage (line 27e (numera	tor) divided by l	ne 27f (denomin	ator))	, ,▶	27g	%
h	Investment income percentage (line 18, colu	mn (e) (numerate	or) divided by lin	e 27f (denomina	ator)). ►	27h	%
28	Unusual Grants: For an organization describe	d in line 10, 11, d	or 12 that receive	ed any unusual g	rants duri	ng 200	3 through 2006,
	prepare a list for your records to show, for ear description of the nature of the grant. <b>Do not f</b>						rant, and a brief

Pai	Private School Questionnaire (See page 9 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
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		<b> </b>
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		
				1
				1
32	Does the organization maintain the following.	1.		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	.	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	10-2		
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		——
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	**	· ",	•
33	Does the organization discriminate by race in any way with respect to	د ش	**	***************************************
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d	$\dashv$	
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	,	,	
		24-	a` \}.	. '
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05			*
	of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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36 37 38 39 40	(a) Affiliated group totals	(b) To be completed for all electing organizations	
37 38 39	(a) Affiliated group totals	To be completed for all electing	
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.Sche	dule A	(Form 990 or 990-EZ)			·				age 7	
Par	rt VI			ransfers To and Transa e page 14 of the instructio		nips With	Nonc	hari	table	
51	Dıd 501	the reporting organ	nization directly or ner than section 50	indirectly engage in any of the 1(c)(3) organizations) or in secti	following with any other or on 527, relating to political of	ganization d organizations	escribed	d in s	ection	
a Transfers from the reporting organization								Yes	No	
_		Cash					51a(i)			
	• • •	Other assets					a(ii)			
b	Oth	er transactions								
			es of assets with a	noncharitable exempt organiza	tion		b(i)			
	(ii)	•		itable exempt organization			b(ii)			
	(iii)			ner assets			b(iii)			
(iv) Reimbursement arrangements										
			-				b(v)			
		_		ship or fundraising solicitations			b(vi)			
С				sts, other assets, or paid emplo	yees		С	L	Ĺ	
d	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization of the column (d) the value of the good	he organization received less	s than fair r				
	(a)	(b)		(c)	<u> </u>	(d)	•			
Lin	e no	Amount involved	Name of none	haritable exempt organization	Description of transfers, transa	actions, and sh	arıng arra	angeme	ents	
				···						
								_		
	•									
		<u>L</u> _								
	des		01(c) of the Code (	affiliated with, or related to, or other than section 501(c)(3)) or :			☐ Yes		No	
		(a)		(b)		(c)				
		Name of organiz	zation	Type of organization	Description of relationship					
-										
			··-							
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