Other assets (describe >

Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Total assets Total liabilities (describe

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OMB No 1545-1150 Short Form Return of Organization Exempt From Income 20**08** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receives less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. .... 990-EZ Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2008 calendar year, or tax year beginning , 2006, and ending 12, 31 . 20 08 Check if applicable. Please use IRS label or C Name of organization D Employer Identification number Address change Gay Pride Celebration Committee of San Jose, Inc. 77 : 0101107 Name change Number and street (or P O box, if mail is not delivered to street address). Floom/suite E Telephone number initial return PMB 108, 1346 The Alameda, Suite 7 (408) 314-9292 Termination City or town, state or country, and ZIP + 4 Amended return F Group Exemption San Jose, California 95126-2699 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charital a completed Schedule A (Form 990 or 990-EZ Other (specify) ▶ Check ▶ ☑ if the organization is not I Website: ► www.sanjosepride.com required to attach Schedule B (Form 990, Organization type (check only one) - 

501(c) ( 3 ) 

(insert no.) □ 4947(a)(1) or 990-EZ, or 990-PF) K Check > If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine grass receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ > \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 193.897.84 3 Membership dues and assessments Investment income 4 58 Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 🕨 🔲 a Gross revenue (not including \$ \_\_\_\_\_ \_\_\_ of contributions 6.352.00 reported on line 1) . . . . . . 6a 6b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . (6,848.00) 7a Gross sales of inventory, less returns and allowances 7a ಣ 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 187,049.94 9 10 Grants and similar amounts paid (attach schedule) 10 SCANNED 11 11 Benefits paid to or for members . Salaries, other compensation, and employee benefits 12 12 13 52.471.38 Professional fees and other payments to independent contractors 14 32,190.72 14 Occupancy, rent, utilities, and maintenance . . . 15 15 4,740.00 Printing, publications, postage, and shipping. Other expenses (describe Expenses for Annual Celebration 122,896.98 16 16 Total expenses. Add lines 10 through 16 17 212,299.08 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 • 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year 22 Cash, savings, and investments 23 23 Land and buildings .

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Cat No 106421

Form 990-EZ (2008)

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	rt III Statement of Program Service Acco	mplishments (See the ins	tructions for Part	(((.)		Expenses
What is the organization's primary exempt purpose? Educate the Public of LGBT Issues					(Rec	julied for 501(c)(3)
Des	Describe what was achieved in carrying out the organization's exempt numbers. In a clear and concise manner, if					(4) organizations 4947(a)(1) trusts:
des	cribe the services provided, the number of persons b	penefited, or other relevant inf	formation for each p	program trtie.	opti	onal for others.)
28	Annual Celebration - a 2 day event w/ education			hting the		
	LGBT community, featuring groups within the I	LGBT community & non-L	GBT community			
					l	
	(Grants \$ ) If this amount in	cludes foreign grants, check	k herø	. ▶ □	28a	212,299.08
29	/				Γ	
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	(Grants \$ ) If this amount in	cludes foreign grants, check	k here	, ▶ □	29a	
30					1	
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		cludes foreign grants, check	k hare	<u>. • 🗓 </u>	30a	
31	Other program services (attach schedule)				{	1
	(Grants \$ ) If this amount in	cludes foreign grants, check	k h <i>e</i> re	<u>. ▶ □</u>	31a	<del></del>
	Total program service expenses (add lines 28a				32	<u></u>
7	List of Officers, Directors, Trustees, and Ke	(b) Title and average				
	(at) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(#) Contributio amployee benefit	& ensig	(e) Expense account and
-	even Cochrane		enter -0- )	deferred comper	sation	other allowances
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Pai	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
Þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   N/A  Did the organization file Form 1120-POL for this year?	37ь		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes" complete Schedule L. Part II and enter the total amount involved.  N/A	38a		1
	The control of the state of the	{	}	ŀ
39	Section 501(c)(7) organizations Enter:  Initiation fees and capital contributions included on line 9	1		i
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	!		i
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	1		İ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			! !
d	Enter amount of tax on line 40c reimbursed by the organization	, ,	, !	•
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41 42a	List the states with which a copy of this return is filed. ►  The books are in care of ► John Rodgers, Administrator & Secretary  Located at ► 400 W. Campbell Ave., Campbell, CA 95008  ZIP + 4 ►	3.	14-92	92
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ل	Yes	No
	account)?	42b		<u>√</u>
	If "Yes," enter the name of the foreign country: ▶	1	1	ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ا ا م
C	The state of the s	42c	1	
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	,
	Form 990-EZ ,	44		✓_
45 	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓_
	For	m <b>99</b> 0	)-EZ	(2008)

Form 990 EZ (2008)			_				Page 4
Part VI Section 501(c)(3) organ and complete the tables			organizati	ons mu	st answer quest	ions 46	-49
<ul> <li>46 Did the organization engage in direct candidates for public office? If "Yes"</li> <li>47 Did the organization engage in lot list the organization operating a scillage but the organization make any training the second of the five his each received more than \$100,000</li> </ul>	es," complete Schobying activities? It hool as described insfers to an exemition(s) a section 52 ghest compensate.	edule C, Part I  f "Yes," complete Sche in section 170(b)(1)(A)(i pt non-chantable relate 7 organization? d employees (other tha	idule C, Pi i)? If "Yes, id organizi	art II . " compleation?	ate Schedule E	46 47 48 49a 49b	Yes No
(a) Name and address of each employee than \$100,000	paid more	(b) Title and everage hours per week devoted to position	(c) Comp	pensation	(d) Contributions to amployee benefit plans & deferred compensation	accou	pense int and owances
							<del></del>
		<del></del>					
51 Complete this table for the five his compensation from the organization	phest compensated		ors who e	ach rece	) Hived more than \$1	100,000	of .
(a) Name and address of each indep	pendent contractor paid	more than \$100,000		(b) Typ	De of service	(c) Comp	ensation
	•••••			· -			
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Total number of other independent continuation of the penalties of perjury, I declar and belief, it is true, correct, and other penalties of officer  Springture of officer	e that I have examined complete. Declaration of	this return, including accomp of preparer (other than office	lanying school	all inform	ation of which prepare	best of my	knowledge vnowledge
Type or print name and title	otrator and Secret	Oate		veck if	i-14-10	Alember 17	
Preparer's signature  Preparer's Firm's name (or yours )		Oeste	Se			Number (See	instructions)
Use Only if self-employed), address, and ZIP + 4  May the IRS discuss this return with the	preparer shown a	above? See instructions		<del></del>	nane no 🕨 ( )	☐ Yes	П №

Form **990-EZ** (2008)