136521 10 577.7 4

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must life Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

		TOOS CAIGING	ar year,	or tax year beginning	01, 01	, 2009,	. unid ci			12, 31			, 20 O
	neck it ap		Please	C Name of organization				j	D Emp!	-		cation n	umber
=	ddiess C	-	use IRS label or	Gay Pride Celebration Comm					- <u></u> -			01107	
=	lame cha		print or	Number and street (or P O. box, if	mail is not delivered to s	treet address)	Room	r/suite	E Telep	hone n	umber	۲	
	nitial retu erminate		type. See	PMB 108, 1346 The Alameda,						40	8-31/	4-9292	
_ _	mended	return	Specific Instruc-	City or town, state or country, and	ZiP + 4				F Grou	ъ Ехе	mptic	חכ	
<u> </u>	pplication	n pending	tions	San Jose, California 95126-26	i99					nber 1			
	• Sect	tion 501(c)(3)		rations and 4947(a)(1) nonexem ripleted Schedule A (Form 990		must attach	י פ	Accour Other (nting Mossify		Ø	Cash [Accr
				_			▶	1 Check	▶ 🕜	if the c	rgan	zation	ıs not
W	/ebsit	e: • www	.sanjos	epride com				require	d to att	tach Sr	chedu	ule B (F	om 990
T	ax-exe	mpt status	(check o	nly one) — 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a	a)(1) or 🔲 5	i27	990-EZ	Z, or 99	0-PF).			
	heck 🕨		-	zation is not a section 509(a)(3) s		_			-			an \$25,	,000. A
				tum is not required, but if the a						lete ref	turn		
_				9 to determine gross receipts, if						\$			
Pε	art f			enses, and Changes in			ces (S	ee the	Instru	ctions	s tor	Part I	l.)
	1		_	ts, grants, and similar amour				•	!	1			
]	2	Program s	ervice r	revenue including governme	nt fees and contrac	ots				2		 -	203,207
	3	Memberst	nip dues	s and assessments				•		3			
	4	Investmer	it incom	ne		. 				4			
	5a			m sale of assets other than i	nventory	<u>5a</u>				1 1	l		
	b			er basis and sales expenses		. 5 b				-		- NO	
_	c	•		n sale of assets other than in	• •			•	\	5		FIV	/CU
Revenue	6	•		tivities (complete applicable parts of	· -	_	ning, ch	eck here	۰\□۲	<u> </u>			
Ve	а	Gross rev	enue (no	ot including \$	of contribu	ıtions	ı		9	1 4 4	A D	05	2018
Be	 	reported o		,	• • • • • • •	<u>6a</u>	1		299	M	ИK	W D	7010
-	b	Less dire	ct expe	nses other than fundraising e	expenses .	. 6b			60		į		
	С	Net incom	e or (lo:	ss) from special events and a	activities (Subtract	line 6b from	line 6	a)	1	-6c		COL	0 150
ļ	7a	Gross sale	es of inv	ventory, less returns and allo	wances	<u>7a</u>	1				لاق	NEW	$\mathbb{Q}^{\mathbb{Q}}$
	b	Less: cost				. 7b							
	C	Gross pro	fit or (io	ss) from sales of inventory (Subtract line 7b fro	m line 7a) .				7c		 	
	8	Other reve	enue (de	escribe -)	8			
	9	Total revo	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c	, and 8	· · · · · ·	· · . ·		. 🕨	9			203,20
	10	Grants an	d sımıla	r amounts paid (attach sche	dule) 🗨 🧻	TATUT	ΕU	NIT		10			
	11			or for members		RECE	Ñ₽	n	Ü	11			
es	12			impensation, and employee			با ۷ لـ	. .	1	12			
Expenses	13			and other payments to inde	pendent contractor	rs .	4 شيخ	010	İ	13			48,63
ğ	14	Occupano	cy, rent,	utilities, and maintenance		MAR O	17 C	U (O	ļ	14	<u></u>		34,92
மி	15	Printing, p	oublicati	ions, postage, and shipping				_		15			1,02
	16	Other exp	enses (describe Expenses for A	nnual Celebration	TPR BI	HAI	יוטא)	16	<u></u>		147,92
	17	I Otal EXP	C113C3.	Add files to through to .	 	-OG	DE	N.		17			232,31
£	18		•) for the year (Subtract line 1	•					18			29,10
Assets	19			nd balances at beginning of		, column (A))) (mus	st agree	with	<u> </u>	ı		•
		•	_	e reported on prior year's ret		•	•	•	•	19		2	25,2
det	20			net assets or fund balances					. '	20			
z	21			d balances at end of year. C				<u> </u>	. ▶	21		54	1.35
P	art II	Balanc	e Shee	ets. If Total assets on line 25		1,250,000 or	more,				ad of	Form	990-E
				(See the instructions for F	Part II.)			(A) Begi				(B) End	of year
22	C	ash, saving:	s, and ir	nvestments				2	,203	ς OOς	22		O
23		and and but	-			•]	23		
24		ther assets		xe ►							24		
25		otal assets		1 1 1 1 1 1 1 1 1	· ;, ;	٠. ١ و (!	<u>3</u>	703		25		0
26		otal liabiliti		balances (line 27 of column	wich to 30	WIES	}}	-56	2.42.5	A	26	<u>- 94</u>	135
27		DT OCCOPC A							~ ~ ~	1.14 (27		4 35

Part	Statement of Program Service Accomp	lishments (See the instru	ctions for Part III	.)		Expenses
		Educate the Public of LGBT				ired for section
Desci	ribe what was achieved in carrying out the orga	anization's exempt purpos	es. In a clear an	d concise.)(3) and 501(c)(4) izations and section
	er, describe the services provided, the number of	persons benefited, and o	ther relevant infor	mation for	4947(a)(1) trusts, optional
	program title.				for ot	hers.)
	Annual Celebration - a 2 day event w/ educational, art			******		
	LGBT community, featuring groups within the LGBT	community & non-LGBT con	munity			
	/A					200 040 00
	(Grants \$) If this amount i	ncludes foreign grants, che	eck nere	<u>· P U</u>	28a	232,313.90
29						
	(Grants \$) If this amount i	ncludes foreign grants, che	ck here	I	29a	
30	January Transaction				-54	,
			*			

	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	▶ □	30a	
31	Other program services (attach schedule) .					
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a tl			. ▶	32	
Pari	IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit	plans &	(e) Expense account and
84	Continue	devoted to position	enter -0)	deterred comper	sation	other allowances
Steve	en Cochrane	President	0.00			
lohn	Rodgers		0.00			···
	nougers	Adm. & Sec.	0.00		1	
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					Form	990-EZ (2009)

Form 99	0-EZ (2009)		F	age (
Part	Other Information (Note the statement requirements in the instructions for Part V.)		1	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.	18 0	· (_
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ъ 36	If "Yes," has it filed a tax return on Form 980-T for this year?	35b 36		
37a b	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?	37b		
38a	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 outstanding at the end of the period covered by this return?	38a		/
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:			-
a b 40a	Initiation fees and capital contributions included on line 9	,		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	·- '	-	`
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		
e	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	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ John Rodgers, Administrator & Secretary Located at ▶ 400 W. Campbell Ave., Campbell, CA 95008 ZIP + 4 ▶	08-31	4-9292	!
b	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 account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? [If "Yes," enter the name of the foreign country.	42c		_✓
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		•	- 🗆
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
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	<u>44</u> 45		1
	Form		-F7	(0000

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(47(a)(1) nonexem nd 51.	1) nonexem pt charitable	pt charital e trusts mus	ole trusts only. A st answer question	all section ons 46–49b				
46	Did the organization engage in direct or indirec candidates for public office? If "Yes," complete	t political campaig	n activities or	n behalf of o	• •	Yes N				
	├ 									
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an exempt non-charitable related organization?									
50	employees) who each received more than \$100,	,000 of compensati	on from the c	organization	If there is none, en	ter "None."				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per wed devoted to posi	∍k	Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance				
]				
				·						
										
				· · · · · · · · · · · · · · · · · · ·	 					
		1	İ			1				
	(a) Name and address of each independent contractor	paid more than \$100,00	00	(b) Ty	rpe of service	(c) Compensation				
				-						
d	Total number of other independent contractors	each receiving over	¢100.000	-						
				· · ·						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	of preparer (other than	accompanying so officer) is based of	chedules and sta on all information	atements, and to the bes	at of my knowledg any knowledge				
Sign Here	Signature of officer									
	John Rodgers, Administrator and Secret	ary			Date 5-14-10					
Paid	Type or print name and title Preparer's signature		Date	Check if self-	Preparer's identifying nun	nber (See instruction:				
Prepare Use Onl	Pr's Firm's name (or			employed ► L El	<u> </u>					
	address, and ZIP + 4			PI	none no 🕨					
May the	e IRS discuss this return with the preparer show	n above? See instr	uctions		▶ [Yes No m 990-EZ (20				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of	the organization	ì						Employ	er identific	ation number	
GAY PI	RIDE CELEB	RATION COMM	ITTEE OF SAN JOSE	, INC.				77		0101107	
Part I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	st comp	lete this	part.) S	ee instru	ictions.	
1	A church, co A school de A hospital o A medical re	onvention of chu scribed in sectio r a cooperative l esearch organiza	ndation because it is. irches, or association on 170(b)(1)(A)(ii). (At hospital service organ on operated in con	of church tach Sch nization d junction	thes described with a ho	ribed in in sectio spital de	section 1 on 170(b) escribed i	170(b)(1) (1)(A)(iii) n sectio	(Á)(i).	1)(A)(iii). Enter the	
5 🗆	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6 🗆			ernment or governme	ental unit	describe	d in sec	tion 170/	b)/1)/Δ)/\	Α		
7 🛮	An organizat	tion that normally	y receives a substanti	al part of			-		•	the general public	
8	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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). (Complete Part III.)										
10 🗌 11 🗍 e 🗌	An organiza purposes of 509(a)(3). Cl a Type By checking persons other	tion organized a one or more pulheck the box that I b at this box, I cert	tify that the organization managers and othe	vely for the nizations of suppose Type tion is not the nizeron is not the nizeron to the nizeron to the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is not the nizeron is nizeron in the nizeron is nizeron in the nizeron in the nizeron is nizeron in the nizeron in the nizeron is nizeron in the nizeron in the nizeron in the nizeron is nizeron in the nizeron in th	he benefi describe orting orga oe III-Fun ot control	it of, to and in sect anization ctionally lied direction.	perform to the perform to the performance of the pe	the funct)(1) or se aplete lin- d directly b	ions of, oction 509 es 11e the d [(a)(2). See section rough 11h Type III-Other more disqualified	
f g	organization Since Augus	, check this box st 17, 2006, has	a written determination							e III supporting	
		n who directly or	r indirectly controls, en				th persor	ıs descri	bed ın (ıı)	Yes No	
	(ii) A family (iii) A 35% c	member of a pecontrolled entity	erson described in (i) a of a person described	above?	 (іі) above					11g(ii) 11g(iii)	
	me of supported (ii) EIN organization		(described on lines 1-9 in co		(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support		
				Yes	No	Yes	No	Yes	No		
							 		 		
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										•	
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		~	* * *		^	>					

Sched	dule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec	janizations C ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	213,734	197,927	201,330	193,898	203,208	1,010,097
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	213,734	197,927	201,330	193,898	203,208	1,010,097
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			* * * *		*	
6	Public support. Subtract line 5 from line 4	€ç, ₹,,,	X, 44, 8;	\$ % () \$	" ' * * * * * * * * * * * * * * * * * *	` `	1,010,097
	tion B. Total Support					·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	213,734	197,927	201,330	193,898	203,208	1,010,097
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	*	1. 1. 2	\$. 'S		· , ` , ` , ` °	1,010,097
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) . ▶ □
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	•	-	I, column (f))		14	100 %
15	Public support percentage from 2008 Sci				!	15	100 %
16a	33% % support test-2009. If the organiand stop here. The organization qualifies	s as a publicly s	supported organ	nization .			▶ 🗹
b	331/3 % support test—2008. If the organization quality box and stop here. The organization quality				and line 15 is 3	33/3 % or more,	check this ▶ □
	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances".	acts-and-circun stances" test T	nstances" test, The organization	check this box of qualifies as a p	and stop here. oublicly suppor	Explain in Part I ted organization	V how the ▶ □
ь	10%-facts-and-circumstances test—2008 more, and if the organization meets the "f						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

	Idle A (Form 930 OF 990-EZ) 2009							rage C
Par	Support Schedule for Orga (Complete only if you checked))(2)			
500	tion A. Public Support	ed the box of	Time 9 of Fa	11.)				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
Ca	neridai year (or riscai year begirining iri)	(a) 2003	(6) 2000	(6) 2007	(u) 2008	(e) .	2009	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							ļ
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,	
	tion B. Total Support			т		,		
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		-			
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (lin				f))	15		
16 Sec	Public support percentage from 2008 tion D. Computation of Investment				_ 	16		%
17	Investment income percentage for 200			t by line 13 cc	olumn (fl)	17		%
18	Investment income percentage for 200					18		
	33\% % support tests – 2009. If the org	anization did n	ot check the b	ox on line 14, a	nd line 15 is n	nore tha		6, and line
b	33\% % support tests - 2008. If the organ	nization did not	check a box on	line 14 or line	19a, and line 1	6 is mor	e than 3	331/3 %, and

Part IV	Supplemental Information Part II, line 17a or 17b, and	Complete this Part III, line 12	part to provide the . Provide any othe	ne explanations required radditional information.	by Part II, line 10; See instructions.
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