

ESMOND & ASSOCIATES INC.
23901 CALABASAS RD, #1010
CALABASAS, CA 91302

CHRISTOPHER STREET WEST ASSOCIATION, INC
8235 SANTA MONICA BLVD., NO. 302
WEST HOLLYWOOD, CA 90046

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CLIENT'S COPY

ESMOND & ASSOCIATES INC.
23901 CALABASAS ROAD, SUITE 1010
CALABASAS, CA 91302

NOVEMBER 14, 2014

JASON ROUNDY
CHRISTOPHER STREET WEST ASSN, INC.
8235 SANTA MONICA BLVD. NO. 302
WEST HOLLYWOOD, CA 90046

GOOD AFTERNOON JASON,

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

MAIL TO - FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

PLEASE SIGN AND MAIL FORM 199 AS SOON AS POSSIBLE.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1 RETURN:

PLEASE SIGN AND MAIL FORM RRF-1 AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

PLEASE PROVIDE A COPY OF THE FORM 990 PRIOR TO FILING TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL AS REQUIRED. DOCUMENT THE APPROVAL OF THE BOARD AND WHO SIGNED THE RETURNS ON BEHALF OF THE BOARD IN THE BOARD MINUTES.

WE HAVE INCLUDED JOURNAL ENTRIES WHICH NEED TO BE POSTED TO YOUR QUICKBOOKS TO BRING YOUR RECORDS UP TO DATE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

JENNIFER WALTZER, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION, INC 8235 SANTA MONICA BLVD. NO. 302 WEST HOLLYWOOD, CA 90046
Prepared by	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC		D Employer identification number 95-3736454	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8235 SANTA MONICA BLVD. 302		E Telephone number (323) 968-8302	
	City or town, state or province, country, and ZIP or foreign postal code WEST HOLLYWOOD, CA 90046		G Gross receipts \$ 1,902,217.	
	F Name and address of principal officer: PATTI DILUIGI 8235 SANTA MONICA BLVD. SUITE 302, WEST HOLL		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.LAPRIDE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1976** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE GOALS OF HUMAN RIGHTS, OUTREACH, EDUCATION, AND THE EQUALITY OF THE GAY, LESBIAN,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	607,919.	711,247.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,091,305.	1,145,916.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,163.	-8,435.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,839.	-8,810.
		1,692,548.	1,839,918.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,247.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,446.	46,473.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,704,381.	1,870,011.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,763,074.	1,916,484.	
19 Revenue less expenses. Subtract line 18 from line 12	-70,526.	-76,566.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	451,973.	338,599.
	22 Net assets or fund balances. Subtract line 21 from line 20	428,871.	379,808.
	23,102.	-41,209.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	N. LEE WADDELL, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER WALTZER, CPA		11/13/14	<input type="checkbox"/>	P01485357
	Firm's name ▶ ESMOND & ASSOCIATES INC.	Firm's EIN ▶ 20-3250475		Phone no. 818-610-2900	
	Firm's address ▶ 23901 CALABASAS RD, #1010 CALABASAS, CA 91302				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE PRIMARY PURPOSE IS TO PROMOTE THE GOALS OF HUMAN RIGHTS, OUTREACH, EDUCATION AND THE EQUALITY OF THE LESBIAN, TRANSGENDER, GAY AND BISEXUAL COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,294,392. including grants of \$) (Revenue \$ 1,097,416.) LA PRIDE FESTIVAL: IN ALIGNMENT WITH OUR OBJECTIVES, THE LA PRIDE FESTIVAL IS AN OPPORTUNITY FOR THE GREATER TLGB COMMUNITY TO COME TOGETHER IN ONE LOCATION THAT IS ACCEPTING, OPEN TO ANYONE, SAFE, AND OFFERS SOMETHING FOR EVERYONE. THE ENVIRONMENT WE CREATE IS FREE FROM HARM, JUDGMENT, SHAME AND ISOLATION. THE 2013 LA PRIDE CELEBRATION CREATED GREAT EXCITEMENT IN THE TLGB COMMUNITY BY PROVIDING FREEDOM OF EXPRESSION AND EMPOWERING A SENSE OF SELF-WORTH AND TOGETHERNESS. NON-PROFIT, COMMUNITY, AND POLITICAL ORGANIZATIONS (E.G. LA GAY AND LESBIAN CENTER, THE TREVOR PROJECT, APLA, HRC) WERE ABLE TO MEET POTENTIAL DONORS, SPONSORS, AND VOLUNTEERS AND PROVIDE CRUCIAL EDUCATION ON THEIR NUMEROUS SERVICES. LATINO CARNIVAL, HIP HOP, AND EROTIC CITY AREAS CONTINUE TO EXPAND AND BRING TOGETHER COMMUNITIES

4b (Code:) (Expenses \$ 462,934. including grants of \$) (Revenue \$ 45,570.) LA PRIDE PARADE: FOR OUR 44TH ANNUAL PRIDE PARADE, WE SAW AN ATTENDANCE OF OVER 400,000 PARTICIPANTS AND OVER 1,000,000 VIEWERS WATCHED VIA TELEVISION OR STREAMING ONLINE. BOTH LOCALS AND VISITORS CAME TO WEST HOLLYWOOD THROUGHOUT THE WEEKEND, BUT ESPECIALLY ON SUNDAY FOR THE LARGEST TLGB PRIDE PARADE IN SOUTHERN CALIFORNIA.. ELECTED OFFICIALS FROM LOS ANGELES COUNTY, CALIFORNIA AND THE NATION TAKE PART IN THIS CELEBRATION ALONGSIDE PARTICIPANTS THAT INCLUDE THE TLGB COMMUNITY, STRAIGHT ALLIES AND A NUMBER OF CELEBRITIES, ALL OF WHOM CAME TO SUPPORT AND ENTERTAIN THE CROWDS. THE GRAND MARSHALL FLOAT HAS BECOME A HIGHLY ANTICIPATED AND COVETED HONOR FOR THE CELEBRITY ALLIES OF THE TLGB COMMUNITY AND HELP TO DRIVE CROWDS, EXCITEMENT AND INTERNATIONAL PRESS COVERAGE TO THE EVENT. THE LA PRIDE PARADE OFFERS

4c (Code:) (Expenses \$ 6,170. including grants of \$) (Revenue \$ 2,930.) LA PRIDE OUTREACH & EDUCATION: TO ACCOMPLISH OUR GOALS, CSW USES VARIOUS RESOURCES TO REACH WELL BEYOND OUR EVENT AUDIENCE. THROUGHOUT THE YEAR CSW USES ITS SOCIAL MEDIA PLATFORMS AND EMAIL DATABASE, WHICH REACH TENS OF THOUSANDS, TO SHARE INFORMATION VITAL TO THE GREATER TLGB COMMUNITY ON ISSUES SUCH AS MARRIAGE EQUALITY, HIV/AIDS, TRANSGENDER EDUCATION, SOCIAL SERVICES PROGRAMS, DIVERSITY AND INCLUSION, BULLYING, AND MORE. WE CONTINUED TO SUPPORT MODEL OF PRIDE, A SINGULAR YOUTH EDUCATION EVENT, AS WELL AS THE TRANSGENDER DAY OF REMEMBRANCE IN WEST HOLLYWOOD'S PLUMMER PARK. IN OUR ADVERTISING TO GREATER LOS ANGELES, WE CONTINUED TO REACH OUT TO THE LATINO COMMUNITY TO BRING FURTHER DIVERSITY TO OUR PROGRAMMING.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,763,496.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 36		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JASON ROUNDY, CORPORATE SECRETARY - 323-969-8302**
8235 SANTA MONICA BLVD. SUITE 302, WEST HOLLYWOOD, CA 90046

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODNEY SCOTT DIRECTOR	12.00	X					0.	0.	0.	
(2) JASON ROUNDY SECRETARY	12.00	X		X			0.	0.	0.	
(3) N. LEE WADDELL TREASURER	12.00	X		X			0.	0.	0.	
(4) TOM PARDOE DIRECTOR	12.00	X					0.	0.	0.	
(5) OWEN WARD DIRECTOR	12.00	X					0.	0.	0.	
(6) MATT PALAZZOLO DIRECTOR	12.00	X					0.	0.	0.	
(7) VINCE WONG DIRECTOR	6.00	X					0.	0.	0.	
(8) PATTI DILUIGI CO-PRESIDENT	12.00	X		X			0.	0.	0.	
(9) SUE SEXTON DIRECTOR	12.00	X					0.	0.	0.	
(10) STEVE GANZELL CO-PRESIDENT	12.00	X		X			0.	0.	0.	
(11) KARINA SAMALA BOARD MEMBER	12.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	711,247.			
	g Noncash contributions included in lines 1a-1f: \$		411,097.			
	h Total. Add lines 1a-1f		711,247.			
	Program Service Revenue	2 a FESTIVAL ADMISSIONS	Business Code			
		900099	563,140.	563,140.		
b BEVERAGE SALES		900099	369,162.	369,162.		
c EXHIBITORS FEES		900099	165,114.	165,114.		
d PARADE ENTRY FEES		900099	45,570.	45,570.		
e OTHER EVENT INCOME		900099	1,795.	1,795.		
f All other program service revenue		900099	1,135.	1,135.		
g Total. Add lines 2a-2f			1,145,916.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31.		31.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	5,182.			
		(ii) Personal				
		b Less: rental expenses	13,992.			
	c Rental income or (loss)	-8,810.				
	d Net rental income or (loss)		-8,810.	-8,810.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	39,841.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	48,307.			
		c Gain or (loss)	-8,466.			
	d Net gain or (loss)		-8,466.		-8,466.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,839,918.	1,137,106.	0.	-8,435.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	41,627.	26,995.	14,632.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,846.	1,599.	3,247.	
11 Fees for services (non-employees):				
a Management				
b Legal	6,690.	3,747.	2,943.	
c Accounting	5,000.	5,000.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	173,135.	166,342.	6,793.	
12 Advertising and promotion	12,648.	12,648.		
13 Office expenses	14,199.	11,074.	3,125.	
14 Information technology				
15 Royalties				
16 Occupancy	55,522.	23,519.	32,003.	
17 Travel	7,039.	7,039.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	887.		887.	
23 Insurance	37,298.	32,182.	5,116.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENTALS FOR EVENTS	306,235.	300,714.	5,521.	
b DONATED PARADE SERVICES	274,342.	274,342.		
c CONTRACT LABOR	203,738.	189,738.	14,000.	
d PRODUCTION	137,652.	137,652.		
e All other expenses SEE SCH O	635,626.	570,905.	64,721.	
25 Total functional expenses. Add lines 1 through 24e	1,916,484.	1,763,496.	152,988.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	31,627.	1	20,682.	
	2 Savings and temporary cash investments	105,404.	2	10,310.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	7,746.	4	15,200.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	14,225.	9	41,055.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 422,270.			
	b Less: accumulated depreciation	10b 174,118.	253,719.	10c	248,152.
	11 Investments - publicly traded securities	36,052.	11	0.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	3,200.	15	3,200.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	451,973.	16	338,599.		
Liabilities	17 Accounts payable and accrued expenses	58,177.	17	14,296.	
	18 Grants payable		18		
	19 Deferred revenue	90,694.	19	85,512.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	280,000.	23	280,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	428,871.	26	379,808.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	0.	30	0.	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.	
	32 Retained earnings, endowment, accumulated income, or other funds	23,102.	32	-41,209.	
33 Total net assets or fund balances	23,102.	33	-41,209.		
34 Total liabilities and net assets/fund balances	451,973.	34	338,599.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,839,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,916,484.
3	Revenue less expenses. Subtract line 2 from line 1	3	-76,566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,102.
5	Net unrealized gains (losses) on investments	5	12,255.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-41,209.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
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.

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number 95-3736454

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] 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 exempt 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). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 U.S., (vii) Amount of monetary support. Includes a Total row.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	223,773.	222,000.	264,700.	295,600.	300,150.	1,306,223.
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	984,569.	964,340.	961,526.	1,091,305.	1,145,916.	5,147,656.
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	276,620.	276,620.	368,490.	312,319.	411,097.	1,645,146.
6 Total. Add lines 1 through 5	1,484,962.	1,462,960.	1,594,716.	1,699,224.	1,857,163.	8,099,025.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						8,099,025.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,484,962.	1,462,960.	1,594,716.	1,699,224.	1,857,163.	8,099,025.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,458.	696.	914.	6,287.	45,053.	54,408.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,458.	696.	914.	6,287.	45,053.	54,408.
11 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.)	-8,851.	-8,312.	-8,742.			-25,905.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,477,569.	1,455,344.	1,586,888.	1,705,511.	1,902,216.	8,127,528.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.65 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.29 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.67 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.17 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

CHRISTOPHER STREET WEST ASSOCIATION, INC

95-3736454

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACE BEVERAGE COMPANY 401 S ANDERSON STREET LOS ANGELES, CA 90028	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AIR BERLIN 20803 BISCAYNE BLVD. 403 N MIAMI BEACH, FL 33180	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. 11TH FLOOR LOS ANGELES, CA 90048	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF WEST HOLLYWOOD 8300 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069-6213	\$ 411,097.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE AMERICANA AT BRAND, LLC 101 THE GROVE DRIVE LOS ANGELES, CA 90036	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	YOUNG'S MARKET 14402 FRANKLIN AVENUE TUSTIN, CA 92780	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GELSON'S MARKET P.O. BOX 1802 ENCINO, CA 91425-1802	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNION BANK 445 S FIGUEROA ST #1700 LOS ANGELES, CA 90071	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	VISIT WEST HOLLYWOOD 8687 MELROSE AVENUE #M-38 WEST HOLLYWOOD, CA 90069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SHOWTIME NETWORKS INC 1633 BROADWAY NEW YORK, NY 10019	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CALIFORNIA ENDOWMENT 30 EAST 20TH ST - 6TH FLOOR NEW YORK, NY 10003	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	TARGET-10 FOR ROGAINE 248 WEST 35TH STREET #504 NEW YORK, NY 10001	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WELLS FARGO BANK 333 S GRAND AVE 11TH FLOOR LOS ANGELES, CA 90071	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	WESTRIDGE LABORATORIES, INC 1671 EAST SAINT ANDREW PLACE SANTA ANA, CA 92705	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MARKETVISION 8647 WURZBACH STE J100 SAN ANTONIO, TX 78240	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	UBER TECHNOLOGIES 800 MARKET STREET SAN FRANCISCO, CA 94104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NBC4 LA 3000 W ALAMEDA AVE BURBANK, CA 91523	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	E & J GALLO WINERY 600 YOSEMITE BLVD. MODESTO, CA 95354	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOHNSON & JOHNSON 248 WEST 35TH STREET #504 NEW YORK, NY 10001	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FIAT OF LOS ANGELES 2025 S FIGUEROA ST LOS ANGELES, CA 90007	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MINI OF UNIVERSAL CITY 4270 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91602	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	VERIZON 130 E. RANDOLPH ST #2400 CHICAGO, IL 60601	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LAGLC 1625 SCHRADER BLVD. LOS ANGELES, CA 90028	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SWITCH AGENCY 6600 MANCHESTER AVE ST LOUIS, MO 63139	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	CITY SERVICES PROVIDED AND PERMIT FEES WAIVED	\$ 411,097.	12/31/13
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number

95-3736454

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		200,000.		200,000.
b Buildings		172,311.	124,417.	47,894.
c Leasehold improvements				
d Equipment		49,959.	49,701.	258.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				248,152.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue line 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses line 5.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization
CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number
95-3736454

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>LAW ENFORCEMENT</u>)	X	1	274,342.	COST OF SERVICES TO
26 Other ▶ (<u>PARADE PERMIT</u>)	X	1	136,755.	FEES WAIVED BY CITY
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number

95-3736454

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BISEXUAL AND TRANSGENDER COMMUNITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT OFTEN FEEL ON THE FRINGE EVEN OF TLGB CULTURE. THE TRANSGENDER
SOCIAL EVENT INCREASED IN ATTENDANCE AND THE WEHO DYKE MARCH AND
EVENING FOR WOMEN SAW RECORD CROWDS AS FREE COMMUNITY EVENTS WHICH
EMPOWER WOMEN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

A FREE COMMUNITY GATHERING UNLIKE ANY OTHER IN SOUTHERN CALIFORNIA.
FOR SEVERAL YEARS NOW, THE EVENT HAS BEEN RATED AS ONE OF THE TOP 3
EVENTS IN SOUTHERN CALIFORNIA, AFTER THE ROSE BOWL WHICH IS 1ST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHRISTOPHER STREET WEST SEEKS TO EMPOWER THOSE WHO WISH TO MAKE A
DIFFERENCE BY PROMOTING PRIDE IN OURSELVES, EACH OTHER AND IN A DIVERSE
FAMILY SPANNING ACROSS GENERATION, RACE, AGE, AND BACKGROUND. WE DO
THIS BY ATTENDING AND SUPPORTING OTHER LGBT EVENTS AND ORGANIZATIONS.
WE CO-SPONSOR A THANKSGIVING DINNER FOR HIGH RISK TLGB YOUTH, CSW
COLLECTS FOOD DURING THE HOLIDAYS FOR LOCAL FAMILIES IN OUR COMMUNITY.
CSW WORKS WITH OTHER PRIDE ORGANIZATIONS GLOBALLY TO PROMOTE TLGB
RIGHTS AND CREATE SAFE AND ENJOYABLE CELEBRATIONS.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number

95-3736454

CSW'S COMMITTEES MUST RECEIVE BOARD APPROVAL ON ALL FINANCIAL MATTERS AND WHEN ACTING ON BEHALF OF THE ORGANIZATION. MINUTES ARE ONLY TAKEN FOR THE BOARD MEETINGS NONE FOR THE COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE DURING A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD DEVELOPMENT COMMITTEE REVIEWS AND MONITORS.

FORM 990, PART VI, SECTION B, LINE 15:

NO COMPENSATION IS PAID TO ANY OFFICER OR DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE:

WWW.LAPRIDE.ORG OR BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

PARADE PERMITS AND FEES (DONATED):

PROGRAM SERVICE EXPENSES	136,755.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,755.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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LAW ENFORCEMENT SECURITY & MEDICAL:

PROGRAM SERVICE EXPENSES	130,419.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	130,419.

HOSPITALITY:

PROGRAM SERVICE EXPENSES	66,031.
MANAGEMENT AND GENERAL EXPENSES	35,469.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	101,500.

BEVERAGE:

PROGRAM SERVICE EXPENSES	81,027.
MANAGEMENT AND GENERAL EXPENSES	189.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,216.

PRINTING:

PROGRAM SERVICE EXPENSES	36,568.
MANAGEMENT AND GENERAL EXPENSES	228.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,796.

TAXES, LICENSES & DUES:

PROGRAM SERVICE EXPENSES	33,717.
MANAGEMENT AND GENERAL EXPENSES	2,235.
FUNDRAISING EXPENSES	0.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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TOTAL EXPENSES	35,952.
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CONTRIBUTIONS:

PROGRAM SERVICE EXPENSES	33,334.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	737.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	34,071.
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AUTOMOTIVE:

PROGRAM SERVICE EXPENSES	27,632.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	269.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	27,901.
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BANK & MERCHANT FEES:

PROGRAM SERVICE EXPENSES	7,475.
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MANAGEMENT AND GENERAL EXPENSES	12,094.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	19,569.
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TELEPHONE & WEBSITE:

PROGRAM SERVICE EXPENSES	4,097.
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MANAGEMENT AND GENERAL EXPENSES	5,263.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	9,360.
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COMMISSIONS:

PROGRAM SERVICE EXPENSES	8,250.
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Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,250.

CONFERENCES & EDUCATION:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 7,856.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,856.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES 5,542.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,542.

POSTAGE:

PROGRAM SERVICE EXPENSES 58.

MANAGEMENT AND GENERAL EXPENSES 289.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 347.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 92.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 92.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 635,626.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number 95-3736454
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FORM 990 - BALANCE SHEET

CASA DEL SOL, A RESIDENTIAL APARTMENT COMPLEX, IS A RESTRICTED ASSET REPORTED IN THE FIXED ASSET PORTION OF THE BALANCE SHEET. THE PROPERTY IS MANAGED BY AIDS PROJECT LOS ANGELES (APLA, A NON-PROFIT ORGANIZATION) WHO ACTS AS THE LESSEE FOR CHRISTOPHER STREET WEST ASSOCIATION, INC. CSW HOLDS A NOTE WITH THE CA HOUSING REHABILITATION PROJECT, DEPT. OF HOUSING AND COMMUNITY DEVELOPMENT, WHICH RESTRICTS THE TENANTS OF THE PROPERTY TO BE ONLY INDIVIDUALS WHO QUALIFY AS DISABLED, INCLUDING THOSE LIVING WITH HIV/AIDS. CSW HAS A 40 YEAR LEASE WITH APLA WHICH DOES NOT ALLOW THE ORGANIZATION TO SELL THE PROPERTY DURING THE TENURE OF THIS LEASE.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	COMPUTERS	02/02/2000	DB	5.00	17	1,515.			1,515.	1,515.		0.
2	IBM COMPUTERS (2)	06/12/2002	DB	5.00	17	2,457.			2,457.	2,457.		0.
3	EQUIPMENT	06/12/2003	DB	5.00	17	1,999.			1,999.	1,999.		0.
4	EQUIPMENT	06/13/2003	DB	5.00	17	909.			909.	909.		0.
5	COMPUTER EQUIPMENT	05/28/2003	DB	5.00	17	9,882.			9,882.	9,882.		0.
6	LAPTOP	01/11/2008	DB	5.00	17	1,340.			1,340.	1,263.		77.
7	EQUIPMENT	12/31/1962	DB	5.00	17	30,783.			30,783.	30,783.		0.
1032	COMPUTERS	05/10/2012	DB	5.00	17	1,074.		537.	537.	107.		172.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					49,959.		537.	49,422.	48,915.	0.	249.
	MANAGEMENT AND GENERAL LEASEHOLD											
8	IMPROVEMENTS	07/01/2009	SL	39.00	17	24,896.			24,896.	2,207.		638.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN					24,896.		0.	24,896.	2,207.	0.	638.
	* GRAND TOTAL 990 PAGE 10 DEPR					74,855.		537.	74,318.	51,122.	0.	887.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION, INC 8235 SANTA MONICA BLVD. NO. 302 WEST HOLLYWOOD, CA 90046
Prepared by	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization Name CHRISTOPHER STREET WEST ASSOCIATION, INC		California corporation number 0783054
Address (suite, room, or PMB no.) 8235 SANTA MONICA BLVD., NO. 302		FEIN 95-3736454
City WEST HOLLYWOOD	State CA	ZIP Code 90046

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,190,970.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	711,247.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	1,902,217.00
	This line must be completed. If the result is less than \$50,000, see General Instruction B		
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	48,307.00
	7 Total costs. Add line 5 and line 6	7	48,307.00
8 Total gross income. Subtract line 7 from line 4	8	1,853,910.00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,930,542.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-76,632.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here	Signature of officer	Title TREASURER	Date	Telephone 323-968-8302
	Preparer's signature	Date 11/13/14	Check if self-employed <input type="checkbox"/>	PTIN P01485357
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302	FEIN 20-3250475	Telephone 818-610-2900	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 11-14-13

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	31.00	
	3	Dividends	3	00	
	4	Gross rents	4	5,182.00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	6	39,841.00	
	7	Other income SEE STATEMENT 4	7	1,145,916.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,190,970.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	11	0.00	
	12	Other salaries and wages	12	41,627.00	
	Expenses and Disbursements	13	Interest	13	8,400.00
		14	Taxes	14	5,758.00
		15	Rents	15	55,522.00
		16	Depreciation and depletion (See instructions)	16	5,633.00
		17	Other Expenses and Disbursements SEE STATEMENT 6	17	1,813,602.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,930,542.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		137,031.		• 30,992.
2 Net accounts receivable		7,746.		• 15,200.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 7		36,052.		•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	222,270.		222,270.	
b Less accumulated depreciation	(168,551.)	53,719.	(174,118.)	48,152.
11 Land		200,000.		• 200,000.
12 Other assets STMT 8		17,425.		• 44,255.
13 Total assets		451,973.		338,599.
Liabilities and net worth				
14 Accounts payable		58,177.		• 14,296.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		280,000.		• 280,000.
18 Other liabilities STMT 9		90,694.		85,512.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		23,102.		• -41,209.
22 Total liabilities and net worth		451,973.		338,599.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	• -76,566.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year STMT 10	• 66.
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	66.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-76,632.
6	Total. Add line 1 through line 5	-76,566.			

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ACE BEVERAGE COMPANY	401 S ANDERSON STREET LOS ANGELES, CA 90028	05/14/13	65,000.
AIR BERLIN	20803 BISCAYNE BLVD. 403 N MIAMI BEACH, FL 33180	05/28/13	6,000.
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD. 11TH FLOOR LOS ANGELES, CA 90048	06/08/13	7,500.
THE AMERICANA AT BRAND, LLC	101 THE GROVE DRIVE LOS ANGELES, CA 90036	02/04/13	10,000.
YOUNG'S MARKET	14402 FRANKLIN AVENUE TUSTIN, CA 92780	06/03/13	30,000.
GELSON'S MARKET	P.O. BOX 1802 ENCINO, CA 91425-1802	07/18/13	6,400.
UNION BANK	445 S FIGUEROA ST #1700 LOS ANGELES, CA 90071	06/24/13	6,000.
VISIT WEST HOLLYWOOD	8687 MELROSE AVENUE #M-38 WEST HOLLYWOOD, CA 90069	05/28/13	5,000.
SHOWTIME NETWORKS INC	1633 BROADWAY NEW YORK, NY 10019	06/24/13	35,000.
CALIFORNIA ENDOWMENT	30 EAST 20TH ST - 6TH FLOOR NEW YORK, NY 10003	07/10/13	7,500.
TARGET-10 FOR ROGAINE	248 WEST 35TH STREET #504 NEW YORK, NY 10001	05/24/13	8,000.
WELLS FARGO BANK	333 S GRAND AVE 11TH FLOOR LOS ANGELES, CA 90071	07/15/13	35,000.
WESTRIDGE LABORATORIES, INC	1671 EAST SAINT ANDREW PLACE SANTA ANA, CA 92705	06/04/13	5,000.
MARKETVISION	8647 WURZBACH STE J100 SAN ANTONIO, TX 78240	06/17/13	6,000.
UBER TECHNOLOGIES	800 MARKET STREET SAN FRANCISCO, CA 94104	06/04/13	5,000.

NBC4 LA	3000 W ALAMEDA AVE BURBANK , CA 91523	06/26/13	6,000.
E & J GALLO WINERY	600 YOSEMITE BLVD. MODESTO, CA 95354	06/27/13	6,000.
JOHNSON & JOHNSON	248 WEST 35TH STREET #504 NEW YORK, NY 10001	05/28/13	12,500.
FIAT OF LOS ANGELES	2025 S FIGUEROA ST LOS ANGELES, CA 90007	05/31/13	5,000.
MINI OF UNIVERSAL CITY	4270 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91602	06/06/13	5,000.
VERIZON	130 E. RANDOLPH ST #2400 CHICAGO, IL 60601	07/29/13	5,000.
LAGLC	1625 SCHRADER BLVD. LOS ANGELES, CA 90028	06/26/13	7,000.
SWITCH AGENCY	6600 MANCHESTER AVE ST LOUIS, MO 63139	06/03/13	5,000.
TOTAL INCLUDED ON LINE 3			<u>288,900.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RODNEY SCOTT 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 12.00	0.
JASON ROUNDY 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	SECRETARY 12.00	0.
N. LEE WADDELL 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	TREASURER 12.00	0.
TOM PARDOE 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 12.00	0.
OWEN WARD 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 12.00	0.
MATT PALAZZOLO 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 12.00	0.
VINCE WONG 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 6.00	0.
PATTI DILUIGI 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	CO-PRESIDENT 12.00	0.
SUE SEXTON 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	DIRECTOR 12.00	0.
STEVE GANZELL 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	CO-PRESIDENT 12.00	0.
KARINA SAMALA 8235 SANTA MONICA BLVD., NO. 302 WEST HOLLYWOOD, CA 90046	BOARD MEMBER 12.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
RENTALS FOR EVENTS	306,235.
DONATED PARADE SERVICES	274,342.
CONTRACT LABOR	203,738.
PRODUCTION	137,652.
PARADE PERMITS AND FEES (DONATED)	136,755.
LAW ENFORCEMENT SECURITY & MEDICAL	130,419.
HOSPITALITY	101,500.
BEVERAGE	81,216.
PRINTING	36,796.
TAXES, LICENSES & DUES	35,952.
CONTRIBUTIONS	34,071.
AUTOMOTIVE	27,901.
BANK & MERCHANT FEES	19,569.
TELEPHONE & WEBSITE	9,360.
COMMISSIONS	8,250.
CONFERENCES & EDUCATION	7,856.
COMMUNICATIONS	5,542.
POSTAGE	347.
MISCELLANEOUS	92.
LEGAL FEES	6,690.
ACCOUNTING FEES	5,000.
OTHER PROFESSIONAL FEES	173,135.
ADVERTISING AND PROMOTION	12,648.
OFFICE EXPENSES	14,199.
TRAVEL	7,039.
INSURANCE	37,298.
TOTAL TO FORM 199, PART II, LINE 17	1,813,602.

FORM 199 INVESTMENTS IN STOCK STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	36,052.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	36,052.	0.

FORM 199	OTHER ASSETS	STATEMENT	8
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES AND DEFERRED CHARGES		14,225.	41,055.
SECURITY DEPOSITS		3,200.	3,200.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		17,425.	44,255.

FORM 199	OTHER LIABILITIES	STATEMENT	9
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEFERRED REVENUE		90,694.	85,512.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		90,694.	85,512.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	10
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
DEPRECIATION		66.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		66.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-3736454

Corporation name CHRISTOPHER STREET WEST ASSOCIATION, INC	California corporation number 0783054
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000																											
2 Total cost of IRC Section 179 property placed in service	2																												
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000																											
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																												
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">(a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected IRC Section 179 cost)</td> <td style="text-align:center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7</td> <td style="text-align:center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align:center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from prior taxable years</td> <td style="text-align:center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5</td> <td style="text-align:center;">11</td> <td></td> </tr> <tr> <td>12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11</td> <td style="text-align:center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12</td> <td style="text-align:center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property (elected IRC Section 179 cost)	7		8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8		9 Tentative deduction. Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from prior taxable years	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	
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Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	11	422,270.	168,157.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	5,633.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	5,633.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	5,567.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	66.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

CA 3885		DEPRECIATION				STATEMENT 11	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 COMPUTERS	02/02/00	1,515.	1,515.	200DB	5.00	0.	
2 IBM COMPUTERS (2)	06/12/02	2,457.	2,457.	200DB	5.00	0.	
3 EQUIPMENT	06/12/03	1,999.	1,999.	200DB	5.00	0.	
4 EQUIPMENT	06/13/03	909.	909.	200DB	5.00	0.	
5 COMPUTER EQUIPMENT	05/28/03	9,882.	9,882.	200DB	5.00	0.	
6 LAPTOP	01/11/08	1,340.	1,201.	200DB	5.00	0.	
7 EQUIPMENT	12/31/96	30,783.	30,783.	200DB	5.00	0.	
8 LEASEHOLD IMPROVEMENTS	07/01/09	24,896.	2,233.	SL	39.00	638.	
101 LAND	12/31/89	200,000.		L		0.	
102 BUILDING	12/31/89	147,415.	116,892.	SL	31.50	4,680.	
103 2 COMPUTERS	05/10/12	1,074.	286.	200DB	5.00	315.	
TOTAL DEPR TO FORM 3885		422,270.	168,157.			5,633.	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION, INC 8235 SANTA MONICA BLVD. NO. 302 WEST HOLLYWOOD, CA 90046
Prepared by	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number: CT <u>34022</u> CHRISTOPHER STREET WEST ASSOCIATION, INC <small>Name of Organization</small> <u>8235 SANTA MONICA BLVD., NO. 302</u> <small>Address (Number and Street)</small> <u>WEST HOLLYWOOD, CA 90046</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0783054</u> Federal Employer I.D. No. <u>95-3736454</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2013 ending 12/31/2013) list:
 Gross annual revenue \$ 1,839,918. Total assets \$ 338,599.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (323) 968-8302

Organization's e-mail address INFO@LAPRIDE.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

N. LEE WADDELL **TREASURER**

Signature of authorized officer Date