

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

CHRISTOPHER STREET WEST ASSOCIATION
8687 MELROSE AVE, NO. BM48
WEST HOLLYWOOD, CA 90069-5701



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

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

NOVEMBER 9, 2018

GERALD GARTH
CHRISTOPHER STREET WEST ASSN, INC.
8687 MELROSE AVE NO. BM48
WEST HOLLYWOOD, CA 90069-5701

GOOD AFTERNOON GERALD,

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.

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

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

ENCLOSE A CHECK OR MONEY ORDER FOR \$150.00, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

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

VERY TRULY YOURS,

LYNNE LEAVITT, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION 8687 MELROSE AVE NO. BM48 WEST HOLLYWOOD, CA 90069-5701
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	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

Name and title of officer

**GERALD GARTH
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,849,390.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **ESMOND & ASSOCIATES INC.** to enter my PIN **90069**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96164199999

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **11/09/18**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

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

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER STREET WEST ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8687 MELROSE AVE BM48 City or town, state or province, country, and ZIP or foreign postal code WEST HOLLYWOOD, CA 90069-5701 F Name and address of principal officer: ESTEVAN MONTEMAYOR 8687 MELROSE AVENUE BM-48, WEST HOLLYWOOD, CA	D Employer identification number 95-3736454 E Telephone number 323-969-8302 G Gross receipts \$ 3,863,370. 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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LAPRIDE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1976		M State of legal domicile: CA

Part I Summary

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,581,423.	2,062,736.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,494,532.	1,795,370.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75.	82.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,898.	-8,798.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,068,132.	3,849,390.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,081.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,483,194.	3,476,058.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,483,194.	3,476,058.
19	Revenue less expenses. Subtract line 18 from line 12	-415,062.	373,332.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	299,241.	530,154.
22	Net assets or fund balances. Subtract line 21 from line 20	508,343.	365,924.
		-209,102.	164,230.

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 GERALD GARTH, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LYNNE LEAVITT, CPA	Preparer's signature Date 11/09/18
	Firm's name ▶ ESMOND & ASSOCIATES INC. Firm's address ▶ 23901 CALABASAS RD, #1010 CALABASAS, CA 91302	Check <input type="checkbox"/> if self-employed PTIN P00146565 Firm's EIN ▶ 20-3250475 Phone no. 818-610-2900

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: TO PROMOTE THE GOALS OF HUMAN RIGHTS, OUTREACH AND EDUCATION AND THE EQUALITY OF THE LESBIAN, TRANSGENDER, GAY AND BISEXUAL COMMUNITY. PRODUCE THE LOS ANGELES LGBT PRIDE EVENT.

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 \$ 289,916. including grants of \$) (Revenue \$ 0.) LA PRIDE PARADE: IN THE WAKE OF AN HISTORIC WOMEN'S MARCH IN WASHINGTON DC AND SIMILAR EVENTS ACROSS THE COUNTRY, THE 47TH ANNUAL LA PRIDE PARADE TRANSFORMED BACK INTO A CIVIL RIGHTS MARCH AND RALLY TO HONOR THE WAY LA PRIDE BEGAN IN JUNE 1970. THE MARCH BEGAN IN HOLLYWOOD WHERE THE FIRST EVENT TOOK PLACE, AND FOLLOWED A 3 MILE ROUTE INTO THE CITY OF WEST HOLLYWOOD WHERE THE EVENT TAKES PLACE TODAY. OVER 35,000 PEOPLE PARTICIPATED. A FEW OF OUR PARTNERS INCLUDED BIENESTAR, THE CALIFORNIA ENDOWMENT, ACLU, EQUALITY CALIFORNIA AND THE LGBT CENTER. SPEAKERS AT THE ENTRANCE TO THE MARCH IN HOLLYWOOD INCLUDED MAYOR ERIC GARCETTI, ADAM SCHIFF, MAXINE WATERS, NANCY PELOSI, CHRIS ROCK AND RU PAUL.

IN 2017, THE GRAND MARSHALL WAS LOS ANGELES COMMUNITY ACTIVIST ALEXEI
4b (Code:) (Expenses \$ 2,823,344. including grants of \$) (Revenue \$ 1,795,370.) LA PRIDE FESTIVAL: CSW WORKS EACH YEAR TO MAKE SURE THAT THE GREATER LGBTQ COMMUNITY AND THEIR ALLIES HAVE A FESTIVAL EXPERIENCE THAT OFFERS SOMETHING FOR EVERYONE. THE LA PRIDE FESTIVAL IS AN OPPORTUNITY TO COME TOGETHER IN A SAFE, ACCEPTING ENVIRONMENT THAT IS BOTH EDUCATIONAL AND CELEBRATORY. MANY ATTENDEES COME FROM OUTSIDE THE LA AREA, RURAL COMMUNITIES, AND THIS IS THEIR ONE CHANCE EACH YEAR TO BE MORE OF THEMSELVES WHILE DANCING, MEETING FRIENDS AND LISTENING TO GREAT STAGE PERFORMANCES. MANY OF THE NONPROFIT COMMUNITY PARTNERS, SOME WITH NO MARKETING BUDGET, ARE ABLE TO PROVIDE VITAL INFORMATION TO THE COMMUNITY AT LARGE ON TOPICS THAT INCLUDE EQUAL RIGHTS, HEALTHCARE, HIV/AIDS PREVENTION, PROTECTIONS FOR YOUTH, AND SUPPORT SERVICES FOR LGBTQ SENIORS. OUR

4c (Code:) (Expenses \$ 0. including grants of \$) (Revenue \$) LA PRIDE OUTREACH & EDUCATION: THROUGHOUT THE YEAR, CSW USES ITS ACTIVE AND ENGAGED SOCIAL MEDIA PLATFORMS TO SHARE VITAL INFORMATION ON ISSUES SUCH AS EDUCATION ON TRANSGENDER ISSUES, HIV/AIDS PREVENTION, HEALTHCARE OPPORTUNITIES, SOCIAL SERVICES PROGRAMS, BULLYING AND MORE. ADDITIONALLY, CSW USES ITS GROWING EMAIL DATABASE TO SHARE VITAL INFORMATION ON ISSUES THAT AFFECT THE LGBTQ COMMUNITY NEGATIVELY SUCH AS LAWS THAT ENACTED IN OTHER STATES THAT ARE HARMFUL TO THE COMMUNITY.

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

4e Total program service expenses 3,113,260.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		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?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, joint ventures, and investment.

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.
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, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 323-969-8302 8687 MELROSE AVENUE, BM-48, WEST HOLLYWOOD, CA 90069-5701

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) GERALD GARTH TREASURER (BEGAN 10/17/17)	1.00	X		X				0.	0.	0.
(2) MICHAEL CARRIERE TREASURER (TERM ENDED 10/17/17)	3.00	X		X				0.	0.	0.
(3) CHRIS CLASSEN PRESIDENT	8.00	X		X				0.	0.	0.
(4) BRIAN PENDLETON DIRECTOR (2/13 - 6/20/17)	2.00	X						0.	0.	0.
(5) ESTEVAN MONTEMAYOR DIRECTOR	1.00	X						0.	0.	0.
(6) CRAIG BOWERS DIRECTOR (RESIGNED 10/17/17)	8.00	X						0.	0.	0.
(7) MISTRESS CYAN DIRECTOR	1.00	X						0.	0.	0.
(8) RAUL RIOS DIRECTOR	2.00	X						0.	0.	0.
(9) STEVE ANDREWS SECRETARY	4.00	X		X				0.	0.	0.
(10) ALEXANDRA MAGALLON DIRECTOR	1.00	X						0.	0.	0.
(11) MARQUITA THOMAS DIRECTOR	3.00	X						0.	0.	0.
(12) BRIAN ROSMAN DIRECTOR	1.00	X						0.	0.	0.
(13) WILL DESMIT DIRECTOR (RESIGNED 3/15/17)	1.00	X						0.	0.	0.
(14) ERICA MEYER DIRECTOR	2.00	X						0.	0.	0.
(15) ASHLEE-MARIE PRESTON DIRECTOR (RESIGNED 10/17/17)	2.00	X						0.	0.	0.
(16) DAN MORIN DIRECTOR (RESIGNED 1/17/17)	0.00	X						0.	0.	0.
(17) GREGORY ALEXANDER DIRECTOR	1.00	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			
(18) JULIE NEUMARK DIRECTOR	1.00	X						0.	0.	0.
(19) SHAYNE THOMAS DIRECTOR	2.00	X						0.	0.	0.
(20) KEVIN KELLY DIRECTOR	1.00	X						0.	0.	0.
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	2,062,736.					
	g Noncash contributions included in lines 1a-1f: \$		1,069,897.					
	h Total. Add lines 1a-1f			2,062,736.				
Program Service Revenue	2 a FESTIVAL ADMISSIONS	Business Code	900099	1,306,993.	1,306,993.			
	b BEVERAGE SALES		900099	365,718.	365,718.			
	c FOOD SALES		900099	64,467.	64,467.			
	d EVENT INCOME		900099	32,132.	32,132.			
	e EXHIBITOR BOOTH & OTHE		900099	26,060.	26,060.			
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,795,370.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			82.			82.	
	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		13,980.				
	c Rental income or (loss)		-8,798.					
	d Net rental income or (loss)			-8,798.	-8,798.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss)							
	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								
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							
	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							
	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.				3,849,390.	1,786,572.	0.	82.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	8,800.		8,800.	
b Legal	7,297.	7,297.		
c Accounting	15,800.		15,800.	
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.)	351,907.	342,893.	9,014.	
12 Advertising and promotion	87,412.	13,000.	74,412.	
13 Office expenses	4,614.	2,114.	2,500.	
14 Information technology	29,820.		29,820.	
15 Royalties				
16 Occupancy	22,645.	8,272.	14,373.	
17 Travel	30,297.	30,297.		
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	9,028.		9,028.	
23 Insurance	53,902.	48,668.	5,234.	
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 DONATED SHERIFF SERVICE	900,576.	900,576.		
b CONTRACT LABOR	537,847.	493,425.	44,422.	
c RENTALS FOR EVENTS	520,837.	493,756.		27,081.
d PRODUCTION/CONSTRUCTION	285,238.	285,238.		
e All other expenses SEE SCH O	610,038.	487,724.	122,314.	
25 Total functional expenses. Add lines 1 through 24e	3,476,058.	3,113,260.	335,717.	27,081.
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		1	34,526.
	2 Savings and temporary cash investments		2	180,042.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,132.	4	55,185.
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 443,238.		
	b Less: accumulated depreciation	10b 198,787.	251,526.	10c 244,451.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	16,583.	14	9,950.
	15 Other assets. See Part IV, line 11	6,000.	15	6,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	299,241.	16	530,154.	
Liabilities	17 Accounts payable and accrued expenses	158,377.	17	21,140.
	18 Grants payable		18	
	19 Deferred revenue	69,966.	19	64,784.
	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	508,343.	26	365,924.
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	-209,102.	32	164,230.
33 Total net assets or fund balances	-209,102.	33	164,230.	
34 Total liabilities and net assets/fund balances	299,241.	34	530,154.	

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	3,849,390.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,476,058.
3	Revenue less expenses. Subtract line 2 from line 1	3	373,332.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-209,102.
5	Net unrealized gains (losses) on investments	5	
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	164,230.

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
b 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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.	X	
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
b 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 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	300,150.	490,593.	577,400.	827,710.	992,839.	3,188,692.
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	1,145,916.	1,356,943.	1,750,096.	1,494,532.	1,795,370.	7,542,857.
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	411,097.	501,499.	475,212.	753,713.	1,069,897.	3,211,418.
6 Total. Add lines 1 through 5	1,857,163.	2,349,035.	2,802,708.	3,075,955.	3,858,106.	13,942,967.
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.)						13,942,967.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,857,163.	2,349,035.	2,802,708.	3,075,955.	3,858,106.	13,942,967.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,053.	2.	149.	75.	82.	45,361.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	45,053.	2.	149.	75.	82.	45,361.
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,902,216.	2,349,037.	2,802,857.	3,076,030.	3,858,188.	13,988,328.

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 2017 (line 8, column (f) divided by line 13, column (f))	15	99.68 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.56 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.32 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.44 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

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 90033	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ION MARKETING 1460 BROADWAY NEW YORK, NY 10036	\$ 35,000.	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. STE 2416 LOS ANGELES, CA 90048	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MAC AIDS FUND 130 PRINCE ST, 2ND FLOOR NEW YORK, NY 10012	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BUZZFEED 111 EAST 18TH STREET NEW YORK, NY 10003	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DELTA AIRLINES 125 WEST 55TH STREET, 2ND FLOOR NEW YORK, NY 10019	\$ 60,000.	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	Employer identification number 95-3736454
--	---

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	THE 360 AGENCY FOR AT&T 15233 VENTURA BLVD. #620 SHERMAN OAKS, CA 91403	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NISSAN NORTH AMERICA INC ONE NISSAN WAY FRANKLIN, TN 37067	\$ 75,000.	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 WEST HOLLYWOOD, CA 90069	\$ 15,000.	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	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CITY OF WEST HOLLYWOOD 8300 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069	\$ 1,069,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	TARGET-10 245 WEST 35TH STREET #504 NEW YORK, NY 10001	\$ 15,000.	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	Employer identification number 95-3736454
--	---

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	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE CALIFORNIA ENDOWMENT 1000 N ALAMEDA ST LOS ANGELES, CA 90012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BRUCECY MARKETING GRP P.O. BOX 46 SCOTCH PLAINS, NJ 07076	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	RED BULL NORTH AMERICA 2501 COLORADO ST #B350 SANTA MONICA, CA 90404	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SONY PICTURES ENTERTAINMENT 10202 W WASHINGTON BLVD CULVER CITY, CA 90069	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CITY OF LOS ANGELES 200 N SPRING ST RM 201 LOS ANGELES, CA 90012	\$ 20,000.	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	Employer identification number 95-3736454
--	---

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	GLAAD, INC. 5455 WILSHIRE BLVD. #1500 LOS ANGELES, CA 90036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	LOS ANGELES LGBT CENTER 1625 SCHRADER BLVD. LOS ANGELES, CA 90028	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	HULU 2500 BROADWAY, 2ND FLOOR SANTA MONICA, CA 90404	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BAREFOOT WINE & BUBLY 700 YOSEMITE BLVD. MODESTO, CA 95354	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BUTLER SHINE STERN & PARTNERS 20 LIBERTY SHIP WAY SAUSALITO, CA 94965	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MEDMEN WEST HOLLYWOOD 8208 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90046	\$ 15,000.	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	Employer identification number 95-3736454
--	---

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
25	CBS RADIO LOS ANGELES 5670 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	L PAULEY PERRETT 16133 VENTURA BLVD. ENCINO, CA 91436	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CALIFORNIA ENDOWMENT FOR THE ARTS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	STATE FARM INSURANCE 1999 BRYAN ST #1800 DALLAS, TX 75201	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	STEPHEN BING 550 S. HOPE ST #700 LOS ANGELES, CA 90071	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	AHF - THE PUBLIC HEALTH DIVISION 6255 W SUNSET BLVD LOS ANGELES, CA 90028	\$ 50,000.	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	Employer identification number 95-3736454
--	---

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
31	ARCUS FOUNDATION 44 WEST 28TH ST, 17TH FLOOR NEW YORK, NY 10001	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	GT DAVE 4646 HAMPTON ST VERNON, CA 90058	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KEVIN HUVANE 211 MAIN ST. SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE N.W. WASHINGTON, DC 20036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	UBER 1733 OCEAN AVENUE SANTA MONICA, CA 90401	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ORIGINAL PENGUIN 3000 NW 107 AVE MIAMI, FL 33172	\$ 15,000.	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	Employer identification number 95-3736454
--	---

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
37	MAC COSMETICS 266 KANSAS ST EL SEGUNDO, CA 90245	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	WIX.COM 500 TERRY A FRANCOIS BLVD. SAN FRANCISCO, CA 94158	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	BRIAN PENDLETON 2768 OUTPOST DRIVE LOS ANGELES, CA 90068	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	EUGENE LA PIETRA 4801 LOS FELIZ LOS ANGELES, CA 90027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

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
11	SHERIFF & CITY SERVICES PROVIDED \$900,576 AND CITY PERMIT & LICENSE FEES WAIVED \$169.321.	\$ 1,069,897.	12/31/17
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION Employer identification number 95-3736454

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about property control and private benefit.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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" on 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		147,415.	140,292.	7,123.
c Leasehold improvements		37,022.	1,815.	35,207.
d Equipment		58,801.	56,680.	2,121.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				244,451.

Part VII Investments - Other Securities.

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

1	Total revenue, gains, and other support per audited financial statements		1	3,863,370.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	13,980.	
e	Add lines 2a through 2d		2e	13,980.
3	Subtract line 2e from line 1		3	3,849,390.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,849,390.

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

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

1	Total expenses and losses per audited financial statements		1	3,490,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	13,980.	
e	Add lines 2a through 2d		2e	13,980.
3	Subtract line 2e from line 1		3	3,476,058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,476,058.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - CASA DEL SOL - TO REPORT RENTAL LOSS 13,980.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST INCOME ON RETURN 13,980.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **CHRISTOPHER STREET WEST ASSOCIATION** 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 ▶ (LABOR PROVIDE)	X	1	900,576.	COST OF LABOR PROVID
26 Other ▶ (PARADE PERMIT)	X	1	169,321.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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) 2017

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.

SCHEDULE M, LINE 32B:

INDEPENDENT CONTRACTORS SOLICIT SPONSORS TO PROVIDE BOOTHS AT THE FESTIVAL, ADVERTISING REGARDING THE FESTIVAL AND ADDING THEIR LOGO FOR USE IN ADVERTISING.

SCHEDULE M, LINE 33:

SMALL NON CASH DONATIONS OF ADVERTISING, USE OF LOGOS AND PROVIDING BOOTHS ARE NOT RECORDED. THE DONATIONS OF HARD COSTS ARE RECORDED.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

95-3736454

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

BISEXUAL, TRANSGENDER AND QUESTIONING COMMUNITY.

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

ROMANOFF.

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

NONPROFIT PARTNERS WERE ALSO ABLE TO MEET POTENTIAL DONORS AND
VOLUNTEERS.

WHILE THE 2016 EVENT SAW A DRAMATIC REDUCTION IN ATTENDANCE DUE TO THE
TRAGIC EVENTS IN ORLANDO, ATTENDANCE AT THE 2017 LA PRIDE FESTIVAL WAS
AGAIN AT 2015 LEVELS.

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.

CSW OWNS AND RENTS CASA DEL SOL TO AIDS PROJECT LOS ANGELES. THE
RESIDENTS OF THE PROPERTY ARE REQUIRED TO BE INDIVIDUALS WHO QUALIFY AS
DISABLED, INCLUDING THOSE LIVING WITH HIV/AIDS. SEE ADDITIONAL

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
---	--

DESCRIPTION AT THE END OF SCHEDULE O UNDER BALANCE SHEET.

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

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 11B:

THE 990 IS REVIEWED BY THE EXECUTIVE BOARD AND FINANCE COMMITTEE; OTHER BOARD MEMBERS WILL EITHER REVIEW BY EMAIL OR AT A BOARD MEETING.

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

THE BOARD DEVELOPMENT COMMITTEE REVIEWS AND MONITORS ON A REGULAR BASIS.

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

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, GUIDESTAR AND ON REQUEST.

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BOOKKEEPING:

PROGRAM SERVICE EXPENSES 19,949.

MANAGEMENT AND GENERAL EXPENSES 9,014.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
---	--

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 28,963.

ENTERTAINERS:

PROGRAM SERVICE EXPENSES 322,944.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 322,944.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 351,907.

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

PARADE PERMITS AND FEES (DONATED):

PROGRAM SERVICE EXPENSES 169,321.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 169,321.

BANK & MERCHANT FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 96,316.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 96,316.

LAW ENFORCEMENT, SECURITY & MEDICAL:

PROGRAM SERVICE EXPENSES 93,665.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 93,665.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

PRINTING:

PROGRAM SERVICE EXPENSES	85,039.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,039.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	54,130.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,130.

AUTOMOTIVE:

PROGRAM SERVICE EXPENSES	52,081.
MANAGEMENT AND GENERAL EXPENSES	1,288.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,369.

HOSPITALITY:

PROGRAM SERVICE EXPENSES	23,437.
MANAGEMENT AND GENERAL EXPENSES	1,916.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,353.

POSTAGE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,781.

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,781.

PRODUCTION SUPPLIES:

PROGRAM SERVICE EXPENSES 6,850.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,850.

TELEPHONE & WEBSITE:

PROGRAM SERVICE EXPENSES 3,201.

MANAGEMENT AND GENERAL EXPENSES 3,201.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,402.

WEBSITE DEVELOPMENT:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 4,500.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,500.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 3,361.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,361.

TAXES, LICENSES & DUES:

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
--	---

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,951.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,951.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	610,038.

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.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
104	NEW OFFICE IMPROVEMENTS	12/31/15	SL	39.00		MM17	11,117.				11,117.	285.		285.	570.
108	LEASEHOLD IMPROVEMENTS - NEW BUILDING	02/09/16	SL	39.00		MM17	25,905.				25,905.	581.		664.	1,245.
	* 990 PAGE 10 TOTAL BUILDINGS						37,022.				37,022.	866.		949.	1,815.
	MACHINERY & EQUIPMENT														
1	COMPUTERS	02/02/00	200DB	5.00		HY17	1,515.				1,515.	1,515.		0.	1,515.
2	IBM COMPUTERS (2)	06/12/02	200DB	5.00		HY17	2,457.				2,457.	2,457.		0.	2,457.
3	EQUIPMENT	06/12/03	200DB	5.00		HY17	1,999.				1,999.	1,999.		0.	1,999.
4	EQUIPMENT	06/13/03	200DB	5.00		HY17	909.				909.	909.		0.	909.
5	COMPUTER EQUIPMENT	05/28/03	200DB	5.00		HY17	9,882.				9,882.	9,882.		0.	9,882.
6	LAPTOP	01/11/08	200DB	5.00		HY17	1,340.				1,340.	1,340.		0.	1,340.
7	EQUIPMENT	12/31/96	200DB	5.00		HY17	30,783.				30,783.	30,783.		0.	30,783.
103	2 COMPUTERS	05/10/12	200DB	5.00		HY17	1,074.			537.	537.	506.		31.	537.
105	EQUIPMENT	01/22/16	200DB	5.00		HY17	4,384.			2,192.	2,192.	438.		702.	1,140.
106	EQUIPMENT	02/04/16	200DB	5.00		HY17	2,509.			1,255.	1,254.	251.		401.	652.
107	EQUIPMENT	02/19/16	200DB	5.00		HY17	1,950.			975.	975.	195.		312.	507.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						58,802.			4,959.	53,843.	50,275.		1,446.	51,721.
	MANAGEMENT AND GENERAL														

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return CHRISTOPHER STREET WEST ASSOCIATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 95-3736454
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	2,395.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,395.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle categories (a-f) and personal use availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2017 tax year 43 6,633.

44 Total. Add amounts in column (f). See the instructions for where to report 44 6,633.

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION 8687 MELROSE AVE NO. BM48 WEST HOLLYWOOD, CA 90069-5701
Prepared by	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **CHRISTOPHER STREET WEST ASSOCIATION**
 Additional information. See instructions.

California corporation number: **0783054**

FEIN: **95-3736454**

Street address (suite or room): **8687 MELROSE AVE, NO. BM48**

City: **WEST HOLLYWOOD** State: **CA** ZIP code: **90069-5701**

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,800,634.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	2,062,736.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	3,863,370.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	3,863,370.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,490,873.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	372,497.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Title: **TREASURER** Date: _____ Telephone: **323-968-8302**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: **11/09/18** Check if self-employed: PTIN: **P00146565**
 Firm's name (or yours, if self-employed) and address: **ESMOND & ASSOCIATES INC.
 23901 CALABASAS RD, #1010
 CALABASAS, CA 91302** Telephone: **20-3250475
 818-610-2900**

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	82.00	
	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)	•	6	00	
	7	Other income	•	7	1,795,370.00	
	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	1,800,634.00	
	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	•	11	0.00	
	12	Other salaries and wages	•	12	00	
	Expenses and Disbursements	13	Interest	•	13	8,400.00
		14	Taxes	•	14	900.00
		15	Rents	•	15	22,645.00
		16	Depreciation and depletion (See instructions)	•	16	14,543.00
		17	Other Expenses and Disbursements	•	17	3,444,385.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,490,873.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash			•	214,568.
2	Net accounts receivable		25,132.	•	55,185.
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments			•	
10	a Depreciable assets	243,238.		243,238.	
	b Less accumulated depreciation	(191,712.)	51,526. (198,787.)		44,451.
11	Land		200,000.	•	200,000.
12	Other assets STMT 6		22,583.	•	15,950.
13	Total assets		299,241.		530,154.
Liabilities and net worth					
14	Accounts payable		158,377.	•	21,140.
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable		280,000.	•	280,000.
18	Other liabilities STMT 7		69,966.		64,784.
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		-209,102.	•	164,230.
22	Total liabilities and net worth		299,241.		530,154.

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	•	373,332.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	373,332.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year STMT 8	•	835.
9	Total. Add line 7 and line 8	•	835.
10	Net income per return. Subtract line 9 from line 6	•	372,497.

CA 199 CASH CONTRIBUTIONS 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 90033	05/24/17	75,000.
ION MARKETING	1460 BROADWAY NEW YORK, NY 10036	05/19/17	35,000.
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD. STE 2416 LOS ANGELES, CA 90048	04/23/17	10,000.
MAC AIDS FUND	130 PRINCE ST, 2ND FLOOR NEW YORK, NY 10012	05/05/17	20,000.
BUZZFEED	111 EAST 18TH STREET NEW YORK, NY 10003	05/11/17	15,000.
DELTA AIRLINES	125 WEST 55TH STREET, 2ND FLOOR NEW YORK, NY 10019	04/19/17	60,000.
THE 360 AGENCY FOR AT&T	15233 VENTURA BLVD. #620 SHERMAN OAKS, CA 91403	06/05/17	15,000.
NISSAN NORTH AMERICA INC	ONE NISSAN WAY FRANKLIN, TN 37067	04/24/17	75,000.
VISIT WEST HOLLYWOOD	8687 MELROSE AVENUE WEST HOLLYWOOD, CA 90069	05/16/17	15,000.
SHOWTIME NETWORKS INC	1633 BROADWAY NEW YORK, NY 10019	03/27/17	10,000.
TARGET-10	245 WEST 35TH STREET #504 NEW YORK, NY 10001	03/27/17	15,000.
WELLS FARGO BANK	333 S GRAND AVE 11TH FLOOR LOS ANGELES, CA 90071	06/16/17	30,000.
THE CALIFORNIA ENDOWMENT	1000 N ALAMEDA ST LOS ANGELES, CA 90012	06/19/17	10,000.
BRUCECY MARKETING GRP	P.O. BOX 46 SCOTCH PLAINS, NJ 07076	04/24/17	50,000.
RED BULL NORTH AMERICA	2501 COLORADO ST #B350 SANTA MONICA, CA 90404	05/23/17	20,000.

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

SONY PICTURES ENTERTAINMENT	10202 W WASHINGTON BLVD CULVER CITY, CA 90069	05/19/17	25,000.
CITY OF LOS ANGELES	200 N SPRING ST RM 201 LOS ANGELES, CA 90012	07/05/17	20,000.
GLAAD, INC.	5455 WILSHIRE BLVD. #1500 LOS ANGELES, CA 90036	06/06/17	5,000.
LOS ANGELES LGBT CENTER	1625 SCHRADER BLVD. LOS ANGELES, CA 90028	05/22/17	15,000.
HULU	2500 BROADWAY, 2ND FLOOR SANTA MONICA, CA 90404	05/10/17	25,000.
BAREFOOT WINE & BUBLY	700 YOSEMITE BLVD. MODESTO, CA 95354	06/04/17	15,000.
BUTLER SHINE STERN & PARTNERS	20 LIBERTY SHIP WAY SAUSALITO, CA 94965	03/31/17	75,000.
MEDMEN WEST HOLLYWOOD	8208 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90046	05/25/17	15,000.
CBS RADIO LOS ANGELES	5670 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90036	05/09/17	15,000.
L PAULEY PERRETT	16133 VENTURA BLVD. ENCINO, CA 91436	06/08/17	6,000.
CALIFORNIA ENDOWMENT FOR THE ARTS	1000 N ALAMEDA ST LOS ANGELES, CA 90012	07/19/17	50,000.
STATE FARM INSURANCE	1999 BRYAN ST #1800 DALLAS, TX 75201	05/26/17	20,000.
STEPHEN BING	550 S. HOPE ST #700 LOS ANGELES, CA 90071	03/29/17	10,000.
AHF - THE PUBLIC HEALTH DIVISION	6255 W SUNSET BLVD LOS ANGELES, CA 90028	05/26/17	50,000.
ARCUS FOUNDATION	44 WEST 28TH ST, 17TH FLOOR NEW YORK, NY 10001	05/31/17	10,000.
GT DAVE	4646 HAMPTON ST VERNON, CA 90058	04/13/17	15,000.
KEVIN HUVANE	211 MAIN ST. SAN FRANCISCO, CA 94105	04/11/17	10,000.
HUMAN RIGHTS CAMPAIGN FOUNDATION	1640 RHODE ISLAND AVE N.W. WASHINGTON, DC 20036	05/31/17	25,000.

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

UBER	1733 OCEAN AVENUE SANTA MONICA, CA 90401	04/24/17	35,000.
ORIGINAL PENGUIN	3000 NW 107 AVE MIAMI, FL 33172	05/10/17	15,000.
MAC COSMETICS	266 KANSAS ST EL SEGUNDO, CA 90245	05/05/17	30,000.
WIX.COM	500 TERRY A FRANCOIS BLVD. SAN FRANCISCO, CA 94158	06/06/17	7,500.
BRIAN PENDLETON	2768 OUTPOST DRIVE LOS ANGELES, CA 90068	04/12/17	10,100.
EUGENE LA PIETRA	4801 LOS FELIZ LOS ANGELES, CA 90027	06/05/17	10,000.
TOTAL INCLUDED ON LINE 3			<u>968,600.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	2
--------	---	-----------	---

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>
CITY OF WEST HOLLYWOOD	8300 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069

PROPERTY DESCRIPTION

SHERIFF & CITY SERVICES PROVIDED \$900,576 AND CITY PERMIT & LICENSE FEES
WAIVED \$169.321.

	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
	12/31/17	1,069,897.	1,069,897.
TOTAL INCLUDED ON LINE 3			1,069,897.

CA 199	OTHER INCOME	STATEMENT	3
--------	--------------	-----------	---

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BEVERAGE SALES	365,718.
FESTIVAL ADMISSIONS	1,306,993.
EVENT INCOME	32,132.
FOOD SALES	64,467.
EXHIBITOR BOOTH & OTHER INCOME	26,060.
TOTAL TO FORM 199, PART II, LINE 7	1,795,370.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
GERALD GARTH 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	TREASURER (BEGAN 10/17/17) 1.00	0.	
MICHAEL CARRIERE 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	TREASURER (TERM ENDED 10/1 3.00	0.	
CHRIS CLASSEN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	PRESIDENT 8.00	0.	
BRIAN PENDLETON 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (2/13 - 6/20/17) 2.00	0.	
ESTEVAN MONTEMAYOR 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.	
CRAIG BOWERS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (RESIGNED 10/17/1 8.00	0.	
MISTRESS CYAN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.	
RAUL RIOS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 2.00	0.	
STEVE ANDREWS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	SECRETARY 4.00	0.	
ALEXANDRA MAGALLON 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.	
MARQUITA THOMAS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 3.00	0.	

BRIAN ROSMAN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.
WILL DESMIT 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (RESIGNED 3/15/17) 1.00	0.
ERICA MEYER 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 2.00	0.
ASHLEE-MARIE PRESTON 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (RESIGNED 10/17/1) 2.00	0.
DAN MORIN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (RESIGNED 1/17/17) 0.00	0.
GREGORY ALEXANDER 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.
JULIE NEUMARK 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.
SHAYNE THOMAS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 2.00	0.
KEVIN KELLY 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	5
--------	----------------	-----------	---

DESCRIPTION	AMOUNT
DONATED SHERIFF SERVICES	900,576.
CONTRACT LABOR	537,847.
RENTALS FOR EVENTS	520,837.
PRODUCTION/CONSTRUCTION	285,238.
PARADE PERMITS AND FEES (DONATED)	169,321.
BANK & MERCHANT FEES	96,316.
LAW ENFORCEMENT, SECURITY & MEDICAL	93,665.
PRINTING	85,039.

COMMUNICATIONS	54,130.
AUTOMOTIVE	53,369.
HOSPITALITY	25,353.
POSTAGE	9,781.
PRODUCTION SUPPLIES	6,850.
TELEPHONE & WEBSITE	6,402.
WEBSITE DEVELOPMENT	4,500.
MISCELLANEOUS	3,361.
TAXES, LICENSES & DUES	1,951.
MANAGEMENT FEES	8,800.
LEGAL FEES	7,297.
ACCOUNTING FEES	15,800.
OTHER PROFESSIONAL FEES	351,907.
ADVERTISING AND PROMOTION	87,412.
OFFICE EXPENSES	4,614.
INFORMATION TECHNOLOGY	29,820.
TRAVEL	30,297.
INSURANCE	53,902.
TOTAL TO FORM 199, PART II, LINE 17	3,444,385.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INTANGIBLE ASSETS	16,583.	9,950.	
SECURITY DEPOSITS	6,000.	6,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	22,583.	15,950.	

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	69,966.	64,784.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	69,966.	64,784.	

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	8
--------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION	835.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	835.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-3736454

Corporation name

California corporation number

CHRISTOPHER STREET WEST ASSOCIATION

0783054

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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation 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	9	443,239.	189,401.				
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	7,910.

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	7,910.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	7,075.
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 2, 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	835.

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	
19 109 WEBSITE DESIGN	06/28/16	19,900.	3,317.		36M	6,633.	
20	Total. Add the amounts in column (g)					20	6,633.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	6,633.
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 2, line 12					22	0.

CA 3885		DEPRECIATION				STATEMENT	9
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.	
101 LAND	12/31/89	200,000.		L		0.	
102 BUILDING	12/31/89	147,415.	135,612.	SL	31.50	4,680.	
103 2 COMPUTERS	05/10/12	1,074.	972.	200DB	5.00	14.	
104 NEW OFFICE IMPROVEMENTS	12/31/15	11,117.	285.	SL	39.00	285.	
105 EQUIPMENT	01/22/16	4,384.	1,607.	200DB	5.00	1,111.	
106 EQUIPMENT	02/04/16	2,509.	920.	200DB	5.00	636.	
107 EQUIPMENT	02/19/16	1,950.	650.	200DB	5.00	520.	
108 LEASEHOLD IMPROVEMENTS - NEW BUILDING	02/09/16	25,905.	609.	SL	39.00	664.	
TOTAL TO FORM 3885		443,239.	189,401.			7,910.	

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
CHRISTOPHER STREET WEST ASSOCIATION	95-3736454

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>3,863,370.00</u>
2 Total gross income (Form 199, line 8)	2	<u>3,863,370.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>3,490,873.00</u>

Part II Settle Your Account Electronically for Taxable Year 2017

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ **TREASURER**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00146565
Must Sign	Firm's name (or yours if self-employed) and address	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA			FEIN 20-3250475 ZIP code 91302

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	FEIN ZIP code		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	CHRISTOPHER STREET WEST ASSOCIATION 8687 MELROSE AVE NO. BM48 WEST HOLLYWOOD, CA 90069-5701
Prepared by	ESMOND & ASSOCIATES INC. 23901 CALABASAS RD, #1010 CALABASAS, CA 91302
Amount due or refund	BALANCE DUE OF \$150.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) 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 REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

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

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

Failure to submit this report annually no later than the 15th day of the 5th month 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.

State Charity Registration Number: CT 34022 CHRISTOPHER STREET WEST ASSOCIATION <small>Name of Organization</small> 8687 MELROSE AVE, NO. BM48 <small>Address (Number and Street)</small> WEST HOLLYWOOD, CA 90069-5701 <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> C0783054 </u> Federal Employer I.D. No. <u> 95-3736454 </u>
---	--

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 Receipts	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 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 3,849,390 Total assets \$ 530,154

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 page 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, were 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 revenue?		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. SEE STATEMENT 10	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 323-969-8302

Organization's e-mail address FINANCE@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, the content is true, correct and complete.

GERALD GARTH

TREASURER

Signature of authorized officer

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 10

THE CITY OF WEST HOLLYWOOD DONATED SECURITY AND OTHER LABOR FOR THE LA PRIDE FESTIVAL IN THE AMOUNT OF \$900,576; THE CITY ALSO WAIVED PAYMENT FOR VARIOUS PERMITS AND FEES IN THE AMOUNT OF \$169,321 FOR A TOTAL DONATION OF \$1,069,897. CITY OF WEST HOLLYWOOD, 8300 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069 TEL: (323) 848-6400