

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

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



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CLIENT'S COPY

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

MAY 28, 2020

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

GOOD AFTERNOON GERALD,

ENCLOSED IS THE ORGANIZATION'S AMENDED 2018 EXEMPT ORGANIZATION RETURN. THE AMENDED STATE EXEMPT ORGANIZATION RETURN AND AMENDED ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

AMENDED 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 AS SOON AS POSSIBLE.

AMENDED CALIFORNIA FORM 199 RETURN:

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

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

NO PAYMENT IS REQUIRED.

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

A COPY OF THE AMENDED 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.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

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, 2018

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 NOVEMBER 15, 2019

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

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 one 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>4,138,111.</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 2018 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 2018 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 2018 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 ▶ _____

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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 2018 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 ▶ **05/28/20**

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** (2018)

823051 10-26-18

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

▶ 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 2018 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 checked="" 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 \$ 4,152,067. 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE GOALS OF HUMAN RIGHTS, OUTREACH, EDUCATION, AND THE EQUALITY OF THE GAY, LESBIAN, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2018 (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 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,062,736. Prior Year 9 Program service revenue (Part VIII, line 2g) 1,795,370. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 82. Current Year 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,798. 115. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,849,390. 4,138,111.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 609. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,476,058. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,476,058. 19 Revenue less expenses. Subtract line 18 from line 12 373,332. -80,053.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 530,154. Beginning of Current Year 21 Total liabilities (Part X, line 26) 365,924. End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 164,230. 84,177.	

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 _____
	Firm's name ▶ ESMOND & ASSOCIATES INC.	Firm's EIN ▶ 20-3250475
	Firm's address ▶ 23901 CALABASAS RD, #1010 CALABASAS, CA 91302	Phone no. 818-610-2900

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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 \$ 464,660. including grants of \$) (Revenue \$ 89,920.) LA PRIDE PARADE: THE ANNUAL LA PRIDE PARADE TOLD THE 2018 "#JUSTBE" STORY MADE ITS WAY BACK HOME ALONG SANTA MONICA BOULEVARD IN WEST HOLLYWOOD ON SUNDAY, JUNE 10, 2018. THIS WAS ONE OF THE HIGHLIGHT EVENTS OF LA PRIDE WEEK 2018. MORE THAN 125 CONTINGENTS, INCLUDING FLOATS, WALKERS, MARCHERS AND DANCERS FROM ALL OVER, INCLUDING LA, WEST HOLLYWOOD AND OTHER CITIES ACCROSS CALIFORNIA AND THE US. THE THEME TO "#JUSTBE" SUCCESSFULLY ENCOURAGED CONTINGENTS TO BE CREATIVE IN THEIR STORYTELLING FOR THEIR CONTINGENT AND TO CREATE MEMORABLE MOMENTS.

4b (Code:) (Expenses \$ 3,070,535. including grants of \$) (Revenue \$ 1,813,759.) LA PRIDE FESTIVAL: 2018 SAW A GROWTH IN THE NUMBER OF TICKETS SOLD AND ATTENDEES IN RECENT HISTORY. THE FESTIVAL CONTINUED TO INSPIRE WITH IT "#JUSTBE" CAMPAIGN AND PERFORMANCES BY LGBTQ+ ARTISTS INCLUDING KEHLANI, TOVE LO, KIM PETRAS, OSCAR VELAZQUEZ AND MANY MORE ON THE HIP-HOP, LATIN AND PARK STAGES. THE POPULARITY OF ARTIST KEHLANI LED TO RECORD TICKET SALES FOR HER PERFORMANCE AND TO CROWDS STAYING AT THE FESTIVAL ALL DAY FOR THE PERFORMANCE. ADDITIONALLY, THERE WERE EXPERIENCES AND ACTIVATIONS BY LONGTIME ACTIVIST SPONSORS, MAC COSMETICS, AND EXHIBITOR BOOTHS BY MORE THAN 60 LOCAL NON-PROFIT ORGANIZATIONS AND OTHER SUPPORTERS AND SPONSORS. DISCOUNTS WERE OFFERED TO ADA, MILITARY AND SENIOR GUESTS ALL WEEKEND.

4c (Code:) (Expenses \$ 42,722. including grants of \$) (Revenue \$ 47,185.) LA PRIDE OUTREACH & EDUCATION: MAYOR OF LA, GARDEN PARTY - COMMUNITY EVENT CREATING NETWORKING AND SOCIAL ENGAGEMENT IN ADVANCE OF THE PRIDE FESTIVAL AND PARADE. NO CHARGE TO GUESTS, WHO INCLUDED GRASSROOTS ACTIVISTS, FUNDRAISERS, BUSINESSES, POLITICIANS AND RESIDENTS OF THE CITY OF LOS ANGELES AND SURROUNDING AREAS. - MAYOR OF WEST HOLLYWOOD PARTY - COMMUNITY EVENT WITH SIMILIAR GOALS BUT TO INCLUDE COUNCIL MEMBERS, BUSINESSES AND RESIDENTS OF THE WEST HOLLYWOOD AREA. -LA NIGHT AT THE DODGERS WAS A SPORT-EVENT WHERE SOME PORTION OF TICKET PROCEEDS REAMAINED WITH CSW, BUT PRIMARY FOCUS OF BRINGING ITS COMMUNITY TOGETHER THROUGH THE LOS ANGELES MLB TEAM. -TRANS BRUNCH WAS HELD AT FLAMING SADDLES AND WAS IN HONOR AND SUPPORT

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

4e Total program service expenses 3,577,917.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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 (1024 or 1024-A 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

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	15.00	X		X				0.	0.	0.
(2) CHRIS CLASSEN PRESIDENT (TERMED OUT 10/18)	20.00	X		X				0.	0.	0.
(3) CANDIE DAVIDSON-GOLDBRONN DIRECTOR	5.00	X						0.	0.	0.
(4) ESTEVAN MONTEMAYOR DIRECTOR/PRESIDENT 10/18	20.00	X		X				0.	0.	0.
(5) MISTRESS CYAN DIRECTOR/SECRETARY 10/18	10.00	X		X				0.	0.	0.
(6) RAUL RIOS DIRECTOR	5.00	X						0.	0.	0.
(7) STEVE AADDISON SECRETARY (TERMED OUT 10/18)	10.00	X		X				0.	0.	0.
(8) ALEXANDRA MAGALLON DIRECTOR	5.00	X						0.	0.	0.
(9) MARQUITA THOMAS DIRECTOR (TERMED OUT 10/18)	5.00	X						0.	0.	0.
(10) BRIAN ROSMAN DIRECTOR	5.00	X						0.	0.	0.
(11) ERICA MEYER DIRECTOR (RESIGNED 10/18)	5.00	X						0.	0.	0.
(12) GREGORY ALEXANDER DIRECTOR	5.00	X						0.	0.	0.
(13) JULIE NEUMARK DIRECTOR	5.00	X						0.	0.	0.
(14) SHAYNE THOMAS DIRECTOR	5.00	X						0.	0.	0.
(15) KEVIN KELLY DIRECTOR	5.00	X						0.	0.	0.
(16) JAKE BROOKS-HARRIS DIRECTOR	5.00	X						0.	0.	0.
(17) CRAIG GREIWE DIRECTOR	5.00	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) TRACY PAASO DIRECTOR	5.00	X						0.	0.	0.
(19) JOHANNA PADILLA DIRECTOR	5.00	X						0.	0.	0.
(20) CRAIG BOWERS FORMER DIRECTOR	0.00					X		200,000.	0.	0.
1b Sub-total								200,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								200,000.	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 **1**

	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
JJ-LA, 3780 WILSHIRE BLVD. #601, LOS ANGELES, CA 90010	EVENT PLANNING & PRODUCTION	375,000.
AG LIGHT & SOUND 4660 BERG ST #130, N. LAS VEGAS, NV 89081	EVENT LIGHTING & SOUND	300,000.
NICHE CURATE/CRAIG BOWERS, 10000 WASHINGTON BLVD. #07-147, CULVER CITY, CA	SETTLEMENT AGREEMENT	200,000.
INTERNATIONAL CREATIVE MANAGEMENT, 10250 CONSTELLATION BLVD., LOS ANGELES, CA 90067	TALENT AGENCY	105,750.

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 **4**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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 14,090.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,187,940.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 993,876.				
	g Noncash contributions included in lines 1a-1f: \$	1,187,940.				
	h Total. Add lines 1a-1f	▶ 2,195,906.				
	Program Service Revenue	2 a FESTIVAL/PARADE ADMISS	Business Code 900099	1,390,366.	1,390,366.	
b BEVERAGE SALES		900099	469,919.	469,919.		
c EVENT INCOME		900099	47,975.	47,975.		
d FOOD SALES		900099	40,856.	40,856.		
e MERCHANDISE INCOME		900099	1,748.	1,748.		
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 1,950,864.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	115.		115.
	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	13,956.			
	c Rental income or (loss)	-8,774.				
	d Net rental income or (loss)	▶	-8,774.	-8,774.		
	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 \$ 14,090. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	0.			
c Net income or (loss) from fundraising events		▶	0.			
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	a					
	b					
	c					
	d					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶	4,138,111.	1,942,090.	0.	115.	

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				
b Legal	14,841.	14,841.		
c Accounting				
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.)	1,624,621.	1,321,798.	302,323.	500.
12 Advertising and promotion	59,566.	33,945.	25,621.	
13 Office expenses	10,469.	2,069.	8,400.	
14 Information technology	23,714.		23,714.	
15 Royalties				
16 Occupancy	18,541.		18,541.	
17 Travel	29,623.	25,760.	3,863.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,569.		9,569.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,431.		8,431.	
23 Insurance	65,841.	42,051.	23,790.	
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	1,018,619.	1,018,619.		
b PRODUCTION/CONSTRUCTION	361,898.	361,898.		
c RENTALS FOR EVENTS	217,204.	210,995.	6,209.	
d HOSPITALITY	187,561.	183,305.	4,256.	
e All other expenses SEE SCH O	567,666.	362,636.	204,921.	109.
25 Total functional expenses. Add lines 1 through 24e	4,218,164.	3,577,917.	639,638.	609.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	34,526.	1	543,573.
	2 Savings and temporary cash investments	180,042.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	55,185.	4	11,750.
	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	15,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 443,238.		
	b Less: accumulated depreciation	10b 205,265.	244,451.	10c 237,973.
	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	9,950.	14	3,317.
	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)	530,154.	16	817,613.	
Liabilities	17 Accounts payable and accrued expenses	15,958.	17	388,652.
	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	365,924.	26	733,436.
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	164,230.	32	84,177.
33 Total net assets or fund balances	164,230.	33	84,177.	
34 Total liabilities and net assets/fund balances	530,154.	34	817,613.	

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	4,138,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,218,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	-80,053.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164,230.
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	84,177.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	490,593.	577,400.	827,710.	992,839.	1,007,964.	3,896,506.
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	1,356,943.	1,750,096.	1,494,532.	1,795,370.	2,100,829.	8,497,770.
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	501,499.	475,212.	753,713.	1,069,897.	1,218,240.	4,018,561.
6 Total. Add lines 1 through 5	2,349,035.	2,802,708.	3,075,955.	3,858,106.	4,327,033.	16,412,837.
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.)						16,412,837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,349,035.	2,802,708.	3,075,955.	3,858,106.	4,327,033.	16,412,837.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2.	149.	75.	82.	115.	423.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2.	149.	75.	82.	115.	423.
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.)	2,349,037.	2,802,857.	3,076,030.	3,858,188.	4,327,148.	16,413,260.

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 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.32 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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.		

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.		

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).		

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.		

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.		
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.	Yes	No
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.		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AECOM 300 S GRAND AVE LOS ANGELES, CA 90071	\$ 5,000.	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	\$ 31,500.	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	JPMORGAN CHASE BANK 21600 OXNARD STREET, SUITE 370 WOODLAND HILLS, CA 91367	\$ 5,000.	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	\$ 10,000.	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	\$ 76,260.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NETFLIX 100 WINCHESTER CIRCLE LOS GATOS, CA 95032	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LA CARE 1055 W 7TH ST., 10TH FL LOS ANGELES, TN 90017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	VISIT WEST HOLLYWOOD 1017 LA CIENEGA BLVD., SUITE 400 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	MEZU 401 NE MIZNER BLVD. T602 BOCA RATON, FL 33432	\$ 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	\$ 1,187,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	TARGET CORPORATION 7100 SANTA MONICA BOULEVARD WEST HOLLYWOOD, CA 90046	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WELLS FARGO BANK 333 S GRAND AVE 11TH FLOOR LOS ANGELES, CA 90071	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	NORDSTROM 3501 W. SUNFLOWER AVE. SANTA ANA, CA 92704	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BARRY'S 7373 BEVERLY BLVD. 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.)
16	RED BULL NORTH AMERICA 342 S COCHRAN AVE PH403 LOS ANGELES, CA 90036	\$ 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 90232	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CITI 388 GREENWICH STREET NEW YORK, NY 10013	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EQUITY RESIDENTIAL 6100 CENTER DRIVE LOS ANGELES, CA 90045	\$ 10,000.	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	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	GOOGLE 340 MAIN STREET VENICE, CA 90291	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BANK OF AMERICA 31303 AGOURA ROAD WESTLAKE VILLAGE, CA 91367	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BIRD 406 BROADWAY #369 SANTA MONICA, CA 90401	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MEDMEN ENTERPRISE 5880 W JEFFERSON BOULEVARD, SUITE G CULVER CITY, CA 90232	\$ 71,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHRISTOPHER STREET WEST ASSOCIATION**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	CHIPOTLE MEXICAN GRILL 8800 LYRA DRIVE SUITE 150 COLUMBUS, OH 43240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOHNSON & JOHNSON 326 E 65TH ST., #295 NEW YORK, NY 10065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BRISTOL FARMS 915 E. 230TH STREET CARSON, CA 90745	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MICROSOFT 13031 W JEFFERSON BLVD SUITE 200 LOS ANGELES, CA 90094	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MJIC, INC. 55 W MONROE SUITE 1200 CHICAGO, IL 60603	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	AIRBNB 888 BRANNAN ST. SAN FRANCISCO, CA 94103	\$ 12,500.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ALLIED EXPERIENTIAL 6908 HOLLYWOOD BLVD, 3RD FLOOR LOS ANGELES, CA 90028	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	FX NETWORKS 10201 WEST PICO BLVD., BLDG 103 LOS ANGELES, CA 90064	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	IW GROUP INC. 6300 WILSHIRE BLVD. LOS ANGELES, CA 90048	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HULU 2500 BROADWAY, 2ND FLOOR SANTA MONICA, CA 90404	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	UBER TECHNOLOGIES 1455 MARKET STREET SAN FRANCISCO, CA 94103	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MACY'S INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202	\$ 10,000.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MAC COSMETICS 266 KANSAS ST EL SEGUNDO, CA 90245	\$ 63,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	NOVUS ANTI-AGING CENTER 11650 RIVERSIDE DRIVE STUDIO CITY, CA 91602	\$ 15,000.	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	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	COMCAST NBCUNIVERSAL 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	PERRY ELLIS INTERNATIONAL 3000 NW 107 AVE MIAMI, FL 33172	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	PLAYBOY 9346 CIVIC CENTER DRIVE, SUITE 200 BEVERLY HILLS, CA 90210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHRISTOPHER STREET WEST ASSOCIATION**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
43	PRINCESS CRUISES 24305 TOWN CENTER DRIVE SANTA CLARITA, CA 91355	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	RIOT GAMES 12333 W OLYMPIC BLVD LOS ANGELES, CA 90064	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	SEPHORA USA, INC. 525 MARKET STREET FL 32 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SLALOM, LLC 8560 SUNSET BOULEVARD, SUITE 900 WEST HOLLYWOOD, CA 90069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	SPEEDO 6251 KATELLA AVE CYPRESS, CA 90630	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	TESLA 3203 JACK NORTHROP AVENUE HAWTHORNE, CA 90250	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHRISTOPHER STREET WEST ASSOCIATION

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
49	THE WALT DISNEY COMPANY 500 S BUENA VISTA STREET BURBANK, CA 91521	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	THIS FREE LIFE 2437 MORENA BLVD SAN DIEGO, CA 92110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	TINDER 8833 W SUNSET BLVD. WEST HOLLYWOOD, CA 90069	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	T-MOBILE, INC 1410 3RD STREET PROMENADE SANTA MONICA, CA 90401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	TOKIDOKI LLC 5655 WEST ADAMS BOULEVARD LOS ANGELES, CA 90016	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	TURNER / TURNOUT LA 3500 W OLIVE AVE BURBANK, CA 91505	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER STREET WEST ASSOCIATION	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
55	TURNKEY DOT 1715 INDIAN WOOD CIRCLE SUITE 200 MAUMEE, OH 43537	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	VECTOR MEDIA 560 LEXINGTON AVE NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	WE ARE SWELL, INC. 412 WYNKOOP RD HURLEY, NY 12443	\$ 53,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	U.S. BANK 3121 MICHELSON DRIVE, SUITE 500 IRVINE, CA 92612	\$ 5,000.	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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	SHERIFF & CITY SERVICES PROVIDED \$1.018,619 AND CITY PERMIT & LICENSE FEES WAIVED \$169.321.	\$ 1,187,940.	06/10/18
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

2018

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.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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.	144,972.	2,443.
c Leasehold improvements		37,022.	2,764.	34,258.
d Equipment		58,801.	57,529.	1,272.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				237,973.

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	4,152,067.
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	13,956.	
e	Add lines 2a through 2d		2e	13,956.
3	Subtract line 2e from line 1		3	4,138,111.
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	4,138,111.

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	4,232,120.
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	13,956.	
e	Add lines 2a through 2d		2e	13,956.
3	Subtract line 2e from line 1		3	4,218,164.
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	4,218,164.

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 13,956.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST INCOME ON RETURN 13,956.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

95-3736454

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CRAIG BOWERS FORMER DIRECTOR	(i)	0.	0.	200,000.	0.	0.	200,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

990 SCHEDULE J PART II LINE (I)

A PAYMENT OF \$200,000 WAS MADE TO NICHE CURATE (AN ENTITY OWNED BY CRAIG BOWERS). THIS PAYMENT WAS BASED UPON A SETTLEMENT AGREEMENT WITH CRAIG BOWERS (A FORMER BOARD MEMBER) DATED DECEMBER 19, 2018.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 instructions and 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	1,018,619.	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) 2018

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

2018

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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THE TRANSGENDER COMMUNITY. THE FIRST ANNUAL EVENT WAS A HUGE
SUCCESS WITH A PROGRAM, SHOW, FOOD, DRINK AND CELEBRATION.

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
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.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

95-3736454

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN IS PRESENTED TO THE BOARD FOR APPROVAL.

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

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

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:

ENTERTAINERS:

PROGRAM SERVICE EXPENSES	342,825.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	342,825.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	978,973.
MANAGEMENT AND GENERAL EXPENSES	302,323.
FUNDRAISING EXPENSES	500.
TOTAL EXPENSES	1,281,796.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,624,621.
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Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

95-3736454

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	169,866.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,866.

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	150,802.
MANAGEMENT AND GENERAL EXPENSES	9,243.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	160,045.

DONATIONS:

PROGRAM SERVICE EXPENSES	21,665.
MANAGEMENT AND GENERAL EXPENSES	2,596.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,261.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	8,672.
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Name of the organization CHRISTOPHER STREET WEST ASSOCIATION	Employer identification number 95-3736454
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MANAGEMENT AND GENERAL EXPENSES	6,441.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,113.

WEBSITE DEVELOPMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,435.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,435.

PRINTING:

PROGRAM SERVICE EXPENSES	11,956.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	109.
TOTAL EXPENSES	12,065.

TAXES, LICENSES & DUES:

PROGRAM SERVICE EXPENSES	20.
MANAGEMENT AND GENERAL EXPENSES	4,275.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,295.

AUTOMOTIVE:

PROGRAM SERVICE EXPENSES	200.
MANAGEMENT AND GENERAL EXPENSES	65.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	265.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	567,666.
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Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION

Employer identification number

95-3736454

FORM 990 - FINANCIAL STATEMENTS AND REPORTINGS

PROCESS DID NOT CHANGE

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.

FORM 990 - PAGE 1 COLUMN B AMENDED RETURN

THE RETURNS ARE BEING AMENDED AS THE FINANCIAL AUDIT WAS NOT FINALIZED BY THE FINAL DUE DATE OF THE TAX RETURNS AND AFTER FILING THE RETURNS IT WAS DISCOVERED THAT CREDIT CARD EXPENSES TOTALING \$12,232 WAS INCORRECT AND THEREFORE REMOVED FROM THE ACCOUNTING. THE CHANGES AFFECTED ADMINISTRATIVE EXPENSES REDUCING THEM BY \$12,323 AND CHANGES WERE MADE REDUCING CASH, PREPAID EXPENSES AND ACCOUNTS PAYABLE BY THE SAME TOTAL. THE LOSS FOR THE YEAR WAS ALSO REDUCED BY \$12,232. THERE WERE NO CHANGES TO THE PROGRAM EXPENSES FOR THE YEAR.

2018 DEPRECIATION AND AMORTIZATION REPORT

CASA DEL SOL - CARE FACILITY

RENT 1

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
101	LAND	12/31/89	L				200,000.				200,000.			0.	
102	BUILDING	12/31/89	SL	31.50		HY17	147,415.				147,415.	140,292.		4,680.	144,972.
	* 990 RENTAL TOTAL OTHER						347,415.				347,415.	140,292.		4,680.	144,972.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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	MM	17	11,117.				11,117.	570.		285.	855.
108	LEASEHOLD IMPROVEMENTS - NEW BUILDING	02/09/16	SL	39.00	MM	17	25,905.				25,905.	1,245.		664.	1,909.
	* 990 PAGE 10 TOTAL BUILDINGS						37,022.				37,022.	1,815.		949.	2,764.
	MACHINERY & EQUIPMENT														
1	COMPUTERS	02/02/00	200DB	5.00	HY	17	1,515.				1,515.	1,515.		0.	1,515.
2	IBM COMPUTERS (2)	06/12/02	200DB	5.00	HY	17	2,457.				2,457.	2,457.		0.	2,457.
3	EQUIPMENT	06/12/03	200DB	5.00	HY	17	1,999.				1,999.	1,999.		0.	1,999.
4	EQUIPMENT	06/13/03	200DB	5.00	HY	17	909.				909.	909.		0.	909.
5	COMPUTER EQUIPMENT	05/28/03	200DB	5.00	HY	17	9,882.				9,882.	9,882.		0.	9,882.
6	LAPTOP	01/11/08	200DB	5.00	HY	17	1,340.				1,340.	1,340.		0.	1,340.
7	EQUIPMENT	12/31/96	200DB	5.00	HY	17	30,783.				30,783.	30,783.		0.	30,783.
103	2 COMPUTERS	05/10/12	200DB	5.00	HY	17	1,074.			537.	537.	537.		0.	537.
105	EQUIPMENT	01/22/16	200DB	5.00	HY	17	4,384.			2,192.	2,192.	1,140.		421.	1,561.
106	EQUIPMENT	02/04/16	200DB	5.00	HY	17	2,509.			1,255.	1,254.	652.		241.	893.
107	EQUIPMENT	02/19/16	200DB	5.00	HY	17	1,950.			975.	975.	507.		187.	694.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						58,802.			4,959.	53,843.	51,721.		849.	52,570.
	MANAGEMENT AND GENERAL														

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
109	WEBSITE DESIGN	06/28/16		36M	HY43	19,900.				19,900.	9,950.		6,633.	16,583.
	* 990 PAGE 10 TOTAL					19,900.				19,900.	9,950.		6,633.	16,583.
	MANAGEMENT AND GENERAL					19,900.				19,900.	9,950.		6,633.	16,583.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					115,724.			4,959.	110,765.	63,486.		8,431.	71,917.

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.

CHRISTOPHER STREET WEST ASSOCIATION FORM 990 PAGE 10 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	1,000,000.
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	2,500,000.
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 2017 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 2019. 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 2018	17	1,798.
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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 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	1,798.
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, 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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (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:
27 Property used 50% or less in a qualified business use:
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.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
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

(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 2018 tax year:
43 Amortization of costs that began before your 2018 tax year 43 6,633.
44 Total. Add amounts in column (f). See the instructions for where to report 44 6,633.

2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2018

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 \$ 10.00 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 2018 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **CHRISTOPHER STREET WEST ASSOCIATION**

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 a public charity 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	1,956,161	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,195,906	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 STMT 3	4	4,152,067	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	4,152,067	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,232,630	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-80,563	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	10	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	10	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: **05/28/20** 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.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	115	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 SEE STATEMENT 4	•	7	1,950,864	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	1,956,161	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	0	00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13	17,969	00
		14	Taxes	•	14	876	00
		15	Rents	•	15	18,541	00
		16	Depreciation and depletion (See instructions)	•	16	13,621	00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	4,181,623	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,232,630	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		214,568	•	543,573
2 Net accounts receivable		55,185	•	11,750
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	(198,787)	44,451	(205,265)	37,973
11 Land		200,000	•	200,000
12 Other assets STMT 7		15,950	•	24,317
13 Total assets		530,154		817,613
Liabilities and net worth				
14 Accounts payable		15,958	•	388,652
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		280,000	•	280,000
18 Other liabilities STMT 8		69,966		64,784
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		164,230	•	84,177
22 Total liabilities and net worth		530,154		817,613

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	•	-80,053	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year STMT 9	•	510
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		510
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		-80,563
6 Total. Add line 1 through line 5		-80,053			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AECOM	300 S GRAND AVE LOS ANGELES, CA 90071	05/31/18	5,000.
ION MARKETING	1460 BROADWAY NEW YORK, NY 10036	05/31/18	31,500.
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD. STE 2416 LOS ANGELES, CA 90048	05/31/18	10,000.
JPMORGAN CHASE BANK	21600 OXNARD STREET, SUITE 370 WOODLAND HILLS, CA 91367	05/31/18	5,000.
BUZZFEED	111 EAST 18TH STREET NEW YORK, NY 10003	05/31/18	10,000.
DELTA AIRLINES	125 WEST 55TH STREET, 2ND FLOOR NEW YORK, NY 10019	03/31/18	76,260.
NETFLIX	100 WINCHESTER CIRCLE LOS GATOS, CA 95032	05/29/18	10,000.
LA CARE	1055 W 7TH ST., 10TH FL LOS ANGELES, TN 90017	05/31/18	25,000.
VISIT WEST HOLLYWOOD	1017 LA CIENEGA BLVD., SUITE 400 WEST HOLLYWOOD, CA 90069	05/31/18	15,000.
MEZU	401 NE MIZNER BVLD. T602 BOCA RATON, FL 33432	05/31/18	10,000.
TARGET CORPORATION	7100 SANTA MONICA BOULEVARD WEST HOLLYWOOD, CA 90046	05/31/18	5,000.
WELLS FARGO BANK	333 S GRAND AVE 11TH FLOOR LOS ANGELES, CA 90071	05/31/18	25,000.
NORDSTROM	3501 W. SUNFLOWER AVE. SANTA ANA, CA 92704	05/31/18	15,000.
BARRY'S	7373 BEVERLY BLVD. LOS ANGELES, CA 90036	05/31/18	5,000.
RED BULL NORTH AMERICA	342 S COCHRAN AVE PH403 LOS ANGELES, CA 90036	05/31/18	20,000.

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

SONY PICTURES ENTERTAINMENT	10202 W WASHINGTON BLVD CULVER CITY, CA 90232	05/31/18	35,000.
CITI	388 GREENWICH STREET NEW YORK, NY 10013	05/31/18	5,000.
EQUITY RESIDENTIAL	6100 CENTER DRIVE LOS ANGELES, CA 90045	05/25/18	10,000.
LOS ANGELES LGBT CENTER	1625 SCHRADER BLVD. LOS ANGELES, CA 90028	05/31/18	10,000.
GOOGLE	340 MAIN STREET VENICE, CA 90291	05/22/18	5,000.
BANK OF AMERICA	31303 AGOURA ROAD WESTLAKE VILLAGE, CA 91367	06/05/18	10,000.
BIRD	406 BROADWAY #369 SANTA MONICA, CA 90401	05/31/18	15,000.
MEDMEN ENTERPRISE	5880 W JEFFERSON BOULEVARD, SUITE G CULVER CITY, CA 90232	05/31/18	71,550.
CHIPOTLE MEXICAN GRILL	8800 LYRA DRIVE SUITE 150 COLUMBUS, OH 43240	05/25/18	10,000.
JOHNSON & JOHNSON	326 E 65TH ST., #295 NEW YORK, NY 10065	05/31/18	10,000.
BRISTOL FARMS	915 E. 230TH STREET CARSON, CA 90745	05/31/18	5,000.
MICROSOFT	13031 W JEFFERSON BLVD SUITE 200 LOS ANGELES, CA 90094	05/31/18	5,000.
MJIC, INC.	55 W MONROE SUITE 1200 CHICAGO, IL 60603	05/31/18	10,000.
AIRBNB	888 BRANNAN ST. SAN FRANCISCO, CA 94103	05/31/18	12,500.
ALLIED EXPERIENTIAL	6908 HOLLYWOOD BLVD, 3RD FLOOR LOS ANGELES, CA 90028	05/31/18	25,000.
FX NETWORKS	10201 WEST PICO BLVD., BLDG 103 LOS ANGELES, CA 90064	05/31/18	10,000.
IW GROUP INC.	6300 WILSHIRE BLVD. LOS ANGELES, CA 90048	05/31/18	26,500.
HULU	2500 BROADWAY, 2ND FLOOR SANTA MONICA, CA 90404	05/31/18	10,000.

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

UBER TECHNOLOGIES	1455 MARKET STREET SAN FRANCISCO, CA 94103	05/31/18	50,000.
MACY'S INC	7 WEST SEVENTH STREET CINCINNATI, OH 45202	05/31/18	10,000.
MAC COSMETICS	266 KANSAS ST EL SEGUNDO, CA 90245	05/31/18	63,900.
NOVUS ANTI-AGING CENTER	11650 RIVERSIDE DRIVE STUDIO CITY, CA 91602	05/31/18	15,000.
BRIAN PENDLETON	2768 OUTPOST DRIVE LOS ANGELES, CA 90068	05/31/18	5,000.
COMCAST NBCUNIVERSAL	100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	05/31/18	10,000.
PERRY ELLIS INTERNATIONAL	3000 NW 107 AVE MIAMI, FL 33172	05/22/18	25,000.
PLAYBOY	9346 CIVIC CENTER DRIVE, SUITE 200 BEVERLY HILLS, CA 90210	05/31/18	10,000.
PRINCESS CRUISES	24305 TOWN CENTER DRIVE SANTA CLARITA, CA 91355	05/31/18	10,000.
RIOT GAMES	12333 W OLYMPIC BLVD LOS ANGELES, CA 90064	05/31/18	10,000.
SEPHORA USA, INC.	525 MARKET STREET FL 32 SAN FRANCISCO, CA 94105	05/18/18	5,000.
SLALOM, LLC	8560 SUNSET BOULEVARD, SUITE 900 WEST HOLLYWOOD, CA 90069	05/31/18	5,000.
SPEEDO	6251 KATELLA AVE CYPRESS, CA 90630	05/31/18	10,000.
TESLA	3203 JACK NORTHROP AVENUE HAWTHORNE, CA 90250	05/31/18	5,000.
THE WALT DISNEY COMPANY	500 S BUENA VISTA STREET BURBANK, CA 91521	05/31/18	10,000.
THIS FREE LIFE	2437 MORENA BLVD SAN DIEGO, CA 92110	05/31/18	5,000.
TINDER	8833 W SUNSET BLVD. WEST HOLLYWOOD, CA 90069	05/31/18	10,000.
T-MOBILE, INC	1410 3RD STREET PROMENADE SANTA MONICA, CA 90401	05/31/18	5,000.

CHRISTOPHER STREET WEST ASSOCIATION

95-3736454

TOKIDOKI LLC	5655 WEST ADAMS BOULEVARD LOS ANGELES, CA 90016	05/31/18	15,000.
TURNER / TURNOUT LA	3500 W OLIVE AVE BURBANK, CA 91505	05/31/18	5,000.
TURNKEY DOT	1715 INDIAN WOOD CIRCLE SUITE 200 MAUMEE, OH 43537	05/31/18	7,500.
VECTOR MEDIA	560 LEXINGTON AVE NEW YORK, NY 10022	05/31/18	10,000.
WE ARE SWELL, INC.	412 WYNKOOP RD HURLEY, NY 12443	05/31/18	53,780.
U.S. BANK	3121 MICHELSON DRIVE, SUITE 500 IRVINE, CA 92612	05/31/18	5,000.
TOTAL INCLUDED ON LINE 3			913,490.

CA 199	AMENDED RETURN INFORMATION	STATEMENT	2
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DESCRIPTION	AMOUNT
ORIGINAL BALANCE DUE	10
AMENDED BALANCE DUE	10
NO PAYMENT REQUIRED	0

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	3
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<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 \$1,018,619 AND CITY PERMIT & LICENSE FEES WAIVED \$169,321.

	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
	06/10/18	1,187,940.	1,187,940.
TOTAL INCLUDED ON LINE 3			1,187,940.

CA 199	OTHER INCOME	STATEMENT	4
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
BEVERAGE SALES	469,919.
FESTIVAL/PARADE ADMISSIONS	1,390,366.
EVENT INCOME	47,975.
FOOD SALES	40,856.
MERCHANDISE INCOME	1,748.
TOTAL TO FORM 199, PART II, LINE 7	1,950,864.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
GERALD GARTH 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	TREASURER 15.00	0.	
CHRIS CLASSEN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	PRESIDENT (TERMED OUT 10/1 20.00	0.	
CANDIE DAVIDSON-GOLDBRONN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.	
ESTEVAN MONTEMAYOR 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR/PRESIDENT 10/18 20.00	0.	
MISTRESS CYAN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR/SECRETARY 10/18 10.00	0.	
RAUL RIOS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.	
STEVE AADDISON 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	SECRETARY (TERMED OUT 10/1 10.00	0.	
ALEXANDRA MAGALLON 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.	
MARQUITA THOMAS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (TERMED OUT 10/18 5.00	0.	
BRIAN ROSMAN 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.	
ERICA MEYER 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR (RESIGNED 10/18) 5.00	0.	

GREGORY ALEXANDER 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
JULIE NEUMARK 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
SHAYNE THOMAS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
KEVIN KELLY 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
JAKE BROOKS-HARRIS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
CRAIG GREIWE 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
TRACY PAASO 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
JOHANNA PADILLA 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	DIRECTOR 5.00	0.
CRAIG BOWERS 8687 MELROSE AVE, NO. BM48 WEST HOLLYWOOD, CA 90069-5701	FORMER DIRECTOR 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
DONATED SHERIFF SERVICES	1,018,619.
PRODUCTION/CONSTRUCTION	361,898.
RENTALS FOR EVENTS	217,204.
HOSPITALITY	187,561.
CONTRACT LABOR	169,866.
PARADE PERMITS AND FEES (DONATED)	169,321.
BANK & MERCHANT FEES	160,045.
DONATIONS	24,261.

COMMUNICATIONS	15,113.
WEBSITE DEVELOPMENT	12,435.
PRINTING	12,065.
TAXES, LICENSES & DUES	4,295.
AUTOMOTIVE	265.
LEGAL FEES	14,841.
OTHER PROFESSIONAL FEES	1,624,621.
ADVERTISING AND PROMOTION	59,566.
OFFICE EXPENSES	10,469.
INFORMATION TECHNOLOGY	23,714.
TRAVEL	29,623.
INSURANCE	65,841.
TOTAL TO FORM 199, PART II, LINE 17	4,181,623.

CA 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	0.	15,000.
INTANGIBLE ASSETS	9,950.	3,317.
SECURITY DEPOSITS	6,000.	6,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,950.	24,317.

CA 199	OTHER LIABILITIES	STATEMENT	8
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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	9
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DESCRIPTION	AMOUNT
DEPRECIATION	510.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	510.

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 2019. 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	10	443,239.	197,311.				
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	6,988

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	6,988
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	6,478
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	510

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	9,950		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 10	
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.	140,292.	SL	31.50	4,680.	
103	2 COMPUTERS						
	05/10/12	1,074.	986.	200DB	5.00	0.	
104	NEW OFFICE IMPROVEMENTS						
	12/31/15	11,117.	570.	SL	39.00	285.	
105	EQUIPMENT						
	01/22/16	4,384.	2,718.	200DB	5.00	666.	
106	EQUIPMENT						
	02/04/16	2,509.	1,556.	200DB	5.00	381.	
107	EQUIPMENT						
	02/19/16	1,950.	1,170.	200DB	5.00	312.	
108	LEASEHOLD IMPROVEMENTS - NEW BUILDING						
	02/09/16	25,905.	1,273.	SL	39.00	664.	
TOTAL TO FORM 3885		443,239.	197,311.			6,988.	

TAXABLE YEAR
2018

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	4,152,067
2 Total gross income (Form 199, line 8)	2	4,152,067
3 Total expenses and disbursements (Form 199, line 9)	3	4,232,630

Part II Settle Your Account Electronically for Taxable Year 2018

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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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 2018 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.**

TAXPAYER COPY

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, 2018 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 Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00146565
	Firm's name (or yours if self-employed) and address				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 Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	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, 2018

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	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
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.

**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

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>CHRISTOPHER STREET WEST ASSOCIATION</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>8687 MELROSE AVE, NO. BM48</u> Address (Number and Street)</p> <p><u>WEST HOLLYWOOD, CA 90069-5701</u> City or Town, State, and ZIP Code</p> <p><u>323-969-8302</u> <u>FINANCE@LAPRIDE.ORG</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT34022</u></p> <p>Corporation or Organization No. <u>C0783054</u></p> <p>Federal Employer ID No. <u>95-3736454</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2018 ending 12/31/2018) list:

Gross Annual Revenue \$ <u>4,138,111</u>	Noncash Contributions \$ <u>1,187,940</u>	Total Assets \$ <u>817,613</u>
Program Expenses \$ <u>3,577,917</u>	Total Expenses \$ <u>4,218,164</u>	

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

Note: All questions must be answered. 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? SEE STATEMENT 11	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 12	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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, and I am authorized to sign.

TAXPAYER COPY

<u>GERALD GARTH</u> Signature of Authorized Agent	<u>GERALD GARTH</u> Printed Name	<u>TREASURER</u> Title	Date
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CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT 11
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THERE WAS A SETTLEMENT PAYMENT MADE TO A FORMER BOARD DIRECTOR IN THE AMOUNT OF \$200,000. THE FORMER DIRECTORS NAME IS CRAIG BOWERS AND THE PAYMENT WAS MADE TO HIS CORPORATION AS DIRECTED BY THE AGREEMENT.

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 12

THE CITY OF WEST HOLLYWOOD DONATED SECURITY AND OTHER LABOR FOR THE LA PRIDE FESTIVAL HELD JUNE 2018 IN THE AMOUNT OF \$1,018,619; THE CITY ALSO WAIVED PAYMENT FOR VARIOUS PERMITS AND FEES IN THE AMOUNT OF \$169,321 FOR A TOTAL DONATION OF \$1,187,940. THE ADDRESS FOR THE CITY OF WEST HOLLYWOOD IS 8300 SANTA MONICA BLVD, WEST HOLLYWOOD, CA 90069. THEIR TELEPHONE NUMBER IS (323)848-6400.

CA RRF-1	AMENDED RETURN INFORMATION	STATEMENT	13
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DESCRIPTION	AMOUNT
ORIGINAL BALANCE DUE	150
AMENDED BALANCE DUE	150
NO PAYMENT REQUIRED	0
