Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	cation number
	applicable	CHRISTOPHER STREET WEST ASSOCIATION,	INC		
	Addre:	55 7. 22.72.		,	
	Name change			95-3	736454
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Termin	,	302	(323	
F	ated Amend		502	G Gross receipts \$	1,600,812.
F	Ireturn Applic				
Ъ	⊥ltion pend⊪	F Name and address of principal officer RODNEY SCOTT		H(a) Is this a group re	Yes X No
			m 1101 t	for affiliates?	
_				H(b) Are all affiliates inc	
_		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1 ' ' ' '	list. (see instructions)
		e: WWW.LAPRIDE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1976 N	State of legal domicile: CA
	art I	Summary			OF 1177/137
e	1	Briefly describe the organization's mission or most significant activities: TO P			
Activities & Governance	1	RIGHTS, OUTREACH, EDUCATION, AND THE EQU			
e	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
৺	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	18
Viti	6	Total number of volunteers (estimate if necessary)	* ·	6	1000
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	1 !	7b	0.
		101	` L_	Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		498,620.	633,190.
Ž		Program service revenue (Part VIII, line 2g)		964,340.	961,526.
Revenue	ł .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	696.	914.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,312.	-8,742.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,455,344.	1,586,888.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,373.	15,341.
	L			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	38,287.	30,654.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		30,034.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>, </u>	0.	<u> </u>
X	_b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 222 200	1 500 000
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,322,899.	1,529,822.
	i i	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,377,559.	1,575,817.
. 0	19	Revenue less expenses. Subtract line 18 from line 12		<u>77,785.</u>	11,071.
SO			<u>_B</u>	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	472,358.	478,757.
Net Assets or	21	Total liabilities (Part X, line 26)		395,087.	387,225.
컐	22	Net assets or fund balances Subtract line 21 from line 20		77 <u>,271</u> .	91,532.
P	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge. 🖊	
•		1 How Walley		////3	12012
₫Sig	ın	Signature of officer		Datě / `	
ЭHе	re	NORMAN LEE WADDELL, TREASURER			
He		Type or print name and title			
		Print/Type preparer's name Rregarer's signature	• _	Date Check	PTIN
Pa	d	LYNNE LEAVITT, CPA	1	LO/31/12 of self-employ	P00146565
Pre	parer	Firm's name ESMOND & ASSOCIATES INC.		Firm's EIN	20-3250475
~	Only	Firm's address 23901 CALABASAS RD, #1010		T.IIII O CITY	
	53	CALABASAS, CA 91302		Phone no. 8	18-610-2900
	- والم			Ti none no. O	X Yes No
	-	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>		Form 990 (2011)
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		rom 330 (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4d Other program services (Describe in Schedule O.)

ses \$ 265,623. including grants of \$

5,942.) (Revenue \$

<u>7,672.)</u>

4e Total program service expenses ► 1,470,688.

Form 990 (2011)

LA PRIDE - RODNEY SCOTT

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)?			,
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part 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			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	-	
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? If "Yes " complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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			ļ
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	1 <u>1f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b_	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		_x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ĺ	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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
-		Form	990	(2011)

95-3736454 Page 4

Form 990 (2011)

LA PRIDE - RODNEY SCOTT

Part IV Checklist of Required Schedules (continued)

_			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	<u> </u>
	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? If "Yes," complete Schedule J	02		X_
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.70		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		_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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c	7.	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.
	If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>x_</u>
34	Was the organization related to any tax-exempt or taxable entity?			
54	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	х
36				
		1	1	
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X_
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		<u>X</u> _
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI	37	X 990 (x

orm Par	990 (2011) LA PRIDE - RODNEY SCOTT 95-3736 (<u>454</u>	P	age 5	<u>;</u>
	Check if Schedule O contains a response to any question in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31				_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	_X_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 18				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X	
b	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a]	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	_
b	If "Yes," enter the name of the foreign country. ▶				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X	_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	_
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>			_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible?	6a		X	_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			}	
	were not tax deductible?	6b_		_	-
7	Organizations that may receive deductible contributions under section 170(c).	_		.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7 .		x	
	to file Form 8282?	7c	-	Α.	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u> 7f		X	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	 	A	-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u> 7h	<u> </u>	 	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711	-	 	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	-	 	 	-
	Did the organization make any taxable distributions under section 4966?	9a	1		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>	-
10	Section 501(c)(7) organizations. Enter.	5.5			-
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
-	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				_
	is the organization licensed to issue qualified health plans in more than one state?	13a			•
	Note. See the instructions for additional information the organization must report on Schedule O				•
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans			1	
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u></u>	X	_

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

CHRISTOPHER STREET WEST ASSOCIATION, INC

Form 990 (2011)

LA PRIDE - RODNEY SCOTT

<u>95-3736454</u>

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 to any question in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 11											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X _								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6												
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X								
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
_	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
_	The governing body?	8a	X									
	Each committee with authority to act on behalf of the governing body?	8b		X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	Total De l'allo de Colloir de l'esquedit information about ponoice net required by the information about		Yes	No								
102	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ì								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120										
C	in Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13		X								
14	Did the organization have a written document retention and destruction policy?	14	Х	-								
	Did the process for determining compensation of the following persons include a review and approval by independent	14	- 22									
15												
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		<u>x</u> _								
	The organization's CEO, Executive Director, or top management official	15a 15b		X								
D	Other officers or key employees of the organization	130										
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x_								
	taxable entity during the year?	16a										
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40.										
<u></u>	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>								
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed CA		1-									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	10									
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request		_									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial									
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	-									
	SUE SEXTON - 323-969-8302	 .										
	8235 SANTA MONICA BLVD. SUITE 302, WEST HOLLYWOOD, CA 90046											

Form 990 (2011) LA PRIDE - RODNEY SCOTT

<u>95-37364</u>54

454 Page 7

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

Check if Schedule O contains a response to any question 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

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

- 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

(A) Name and Title	(B) Average hours per week	(do	(C) Position onot check more than one k, unless person is both an icer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RODNEY SCOTT	10.00	x		x				0.	0.	0.
PRESIDENT (2) JASON ROUNDY	10.00	^	-			├				<u></u>
BOARD MEMBER	10.00	x	ľ					0.	0.	0.
(3) NORMAN LEE WADDELL										
TREASURER	10.00	X		X		<u></u>	L	0.	0.	0.
(4) TOM PARDOE										
BOARD MEMBER	10.00	X				_		0.	0.	0.
(5) OWEN WARD	10.00	٠,						0.	0.	0.
BOARD MEMBER	10.00	X	-			┼	-			
(6) VALLERIE WAGNER VICE PRESIDENT	10.00	X		x				0.	0.	0.
(7) VINCE WONG	10.00	-	-	-	<u> </u>					
BOARD MEMBER	10.00	X			l			0.	0.	0.
(8) PATTI DILUIGI										
VICE PRESIDENT	10.00	X		X	-	├ -	-	0.	0.	0.
(9) SUE SEXTON SECRETARY	10.00	x		x				0.	0.	_0.
(10) STEVE GANZELL										
BOARD MEMBER	10.00	X			_		<u> </u>	0.	0.	0.
(11) KARINA SAMALA BOARD MEMBER	10.00	х						0.	0.	0.
		-		 		-				
			-	_	_		_			

LА	PRIDE	_	RODNEY	SCOTT

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)					
	(A)	(B)			((C)			(D)	(E)	T		(F)		
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable	-	Est	mate	đ	
		hours per week	box	do not check more than one ox, unless person is both an officer and a director/trustee)				h an	compensation	compensation	-		ount c	of	
		(describe	Ę	<u>ş</u>					from the	from related organizations				ion	
		hours for	i iii		i		ted		organization	(W-2/1099-MISC)	-	m the		
		related	ste o	rustee			bensa		(W-2/1099-MISC)			-	nızatı		
		organizations in Schedule	mal En	Jenor		ploye	t com				and related organizations				
		0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			l	Ulgai	IIZALIO	115	
			┝═╌	-		-	_ 6				十				
									!		l				
		1		}											
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		1			l										
		<u> </u>		l		<u> </u>		L							
1b	Sub-total								0.		0.			0.	
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.	
	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wh	no r	eceived more than \$100	,000 of reportable				^	
	compensation from the organization												Yes	0 No	
3	Did the organization list any former officer,	director or tra	ıcto	o ka	or	mole		or	highest compensated a	molovee on	ſ				
3	line 1a? If "Yes," complete Schedule J for s			6, NE	y ei	пріс	усь	, OI	riigilest compensated e	mployee on		3		X	
4	For any individual listed on line 1a, is the si			amc	ensa	atior	n and	d ot	her compensation from	the organization	ı				
	and related organizations greater than \$15									3		4	1	X	
5	Did any person listed on line 1a receive or									dual for services					
	rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	pers	son		·			5		X	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	•									ensa	ation fro	om		
	the organization. Report compensation for	the calendar y	ear	endi	ng v	<u>vith</u>	or w	ithir		year.					
	(A) Name and business	address	BT/	~					(B) Description of s	ervices	C	(C) ompen		า	
	Trains and Sasmoss		14/	INC	<u></u>										
						_	_	_					_		
								l							
2	Total number of independent contractors (including but r	ot li	mıte	d to		_	stec	d above) who received n	nore than					
	\$100,000 of compensation from the organi	zation					0								
												Form 9	90 (2	2011)	

	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
동리	b	Membership dues	1b					
₽,tş	С	Fundraising events	1c					1
ह्य हिं		Related organizations	1d					
Sign Sign	е	Government grants (contribut	· ——	368,490.				
e E	f	All other contributions, gifts, gran	7 1	064 500				
흥		similar amounts not included abo	ve 1f	264,700.				
<u></u>	_	Noncash contributions included in lines	1a-1f \$	368,490	(22 100			
0 6	<u>h</u>	Total. Add lines 1a-1f			633,190.			+
	_	EECHTIAL ADMICC	TONG	Business Code	404 004	404 004		1
Ş	2 a		TONS	900099	484,884. 266,248.			
ie s		BEVERAGE SALES		900099				
ΕŠ	C	222222		900099	154,339. 36,44 <u>1</u> .	36,441.		
Pa Pa	ď	PRIDE GUIDE ADS		900099	19,614.	19,614.		
Program Service Revenue	e	All other program service reve		300033	19,014.	19,014.		
_	1	Total, Add lines 2a-2f	mue		961,526.			
\dashv	<u>ч</u>	Investment income (including	dividends intere		501,520.	· · · ·		
ľ		other similar amounts)	dividence, intere) (i, and	914.			914.
	4	Income from investment of ta	x-exempt bond r	- F				
ŀ	5	Royalties	A GAGIII pr GGIIG p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 -			
1	•	,	(i) Real	(ii) Personal				
	6 a	Gross rents	5,182.					
		Less, rental expenses	13,924.					
		Rental income or (loss)	-8,742.					
1		Net rental income or (loss)		•	-8,742.	-8,742.		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
a l	8 a	Gross income from fundraisin	ig events (not			j		
Other Revenue		including \$	of					
ě		contributions reported on line	1c). See]		
<u> </u>		Part IV, line 18	а					
ŧ١	b	Less. direct expenses	b					
	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities See					
- 1		Part IV, line 19	а			1		
		Less: direct expenses	b			1		1
ŀ		Net income or (loss) from gan		<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	L				ĺ
1	С	Net income or (loss) from sale						
-		Miscellaneous Revenu	ie	Business Code				
	11 a					 		
	b					 		
	С	All all		-				
	d	All other revenue				 		
	e	Total Add lines 11a-11d			1506000	052 704	0	014
13200	<u>12 </u>	Total revenue See instructions.		<u> </u>	1586888.	952,784.	0	914. Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D)

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b.	(A)	(B)	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and	45 244	15 244		
	organizations in the United States. See Part IV, line 21	15,341.	15,341.		
	Grants and other assistance to individuals in	j			
	the United States See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		 i		
	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
	Compensation of current officers, directors,		ti di salah sa		
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 654	21 000	0.664	
	Other salaries and wages	30,654.	21,990.	8,664.	
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				- -
	Other employee benefits				
	Payroll taxes				··· -
	Fees for services (non-employees).				
	Management	6 016	2 002	2 002	
	Legal	6,816.	3,923.	2,893.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	257 100	256 206	002	
-	Other	257,199.	<u>256,206.</u>	993.	 _
	Advertising and promotion	19,761.	19,761.	2.054	
_	Office expenses	17,938.	14,884.	3,054.	
	Information technology				
	Royalties	164 120	124 551	20 570	
	Occupancy	164,130.	134,551.	29,579.	
_	Travel	7,996.	4,091.	3,905.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		250		
	Conferences, conventions, and meetings	250.	250.		
-	Interest		· -		
	Payments to affiliates	700		702	
	Depreciation, depletion, and amortization	792.	30 536	792.	
_	Insurance	33,015.	30,526.	2,489.	
	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 0.)				
	LAW, FIRE AND BARRICADE	253,855.	253,855.		
	PRODUCTION	191,668.	191,668.		
	HOSPITALITY	131,205.	122,847.	8,358.	
	LAW ENFORCEMENT SECURIT	125,026.	125,026.		
•	All other expenses SEE SCH O	320,171.	275,769.	44,402.	
	Total functional expenses. Add lines 1 through 24e	1,575,817.	1,470,688.	105,129.	C
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			}	
	Check here If following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)

LA PRIDE - RODNEY SCOTT

95-3736454 Page 11

				(A) Beginning of year		(B) End of year
1		Cosh populatorest bearing		83,471.	_	
	1	Cash - non-interest-bearing	l de la companya de	80,166.	1	24,915.
	2	Savings and temporary cash investments	}	00,100.	2	120,378.
ĺ	3	Pledges and grants receivable, net	ŀ	1 4 1	3	20 205
	4	Accounts receivable, net	····	141.	_4	20,895.
- 1	5	Receivables from current and former officers, di				
		employees, and highest compensated employee	es. Complete Part II		_	
- 1	_	of Schedule L	.,		5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
-		employers and sponsoring organizations of sect				
2	_	employees' beneficiary organizations (see instru	ictions)		6	
Assets	7	Notes and loans receivable, net	}		7	
₹	8	Inventories for sale or use	-	0.071	8	10 714
	9	Prepaid expenses and deferred charges	, , <u>}</u>	9,871.	9	18,714
- 1	10a	Land, buildings, and equipment cost or other	401 106	•		
		basis Complete Part VI of Schedule D	10a 421,196.	064 024		250 760
		Less. accumulated depreciation	10b 162,434.	264,234.		258,762
	11	Investments - publicly traded securities	<u> </u>	31,275.	11	31,893
Ì	12	Investments - other securities. See Part IV, line			12	
ı	13	Investments · program-related. See Part IV, line	11		13	
	14	Intangible assets	-		14	
J	15	Other assets. See Part IV, line 11	-	3,200.	15	3,200
_	<u> 16</u>	Total assets. Add lines 1 through 15 (must equ	al line 34)	472,358.	16	478,757
	17	Accounts payable and accrued expenses		9,829.	_17	11,349
- 1	18	Grants payable	1	101 050	18	05.056
	19	Deferred revenue		101,058.	_19	95,876
j	20	Tax-exempt bond liabilities	}		20	
20	21	Escrow or custodial account liability. Complete			21	
	22	Payables to current and former officers, director	·			
Liabilities		highest compensated employees, and disqualif	led persons. Complete Part II			
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties	280,000.	23	280,000
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of		1	_
		Schedule D	_	4,200.	25	0,
	26	Total liabilities. Add lines 17 through 25		<u>395,087.</u>	26	387,225
		Organizations that follow SFAS 117, check he	ere 🕨 📖 and complete		i	
es		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets			27	
Net Assets or Fund Balances	28	Temporarily restricted net assets	Ļ		28	
ğ	29	Permanently restricted net assets .		<u></u>	29	<u> </u>
בֿ !		Organizations that do not follow SFAS 117, c	heck here 🕨 🔀 and			
5		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	l	0.	30_	0
Š	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0.	31	0
) at &	32	Retained earnings, endowment, accumulated in	I .	77,271.	32	91,532
ž	33	Total net assets or fund balances	_ [77,271.	33	91,532
	34	Total liabilities and net assets/fund balances		472,358.	34	478,757

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

CHRISTOPHER STREET WEST ASSOCIATION, INC

OMB No 1545-0047

Inspection

Employer identification number

		LA PRID	<u>E - RODNEY S</u>	COTT					95	<u>-3736</u>	<u>454</u>	
Part I			ty Status (All organiza					ructions				
he organ	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1 🛄	A church, con	vention of churches	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 170	0(b)(1)(A)(ii). (Attach Sch	hedule E)								
з 🖳	A hospital or a	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4 🗀	A medical res	earch organization o	perated in conjunction v	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	е,
	city, and state	e		·								
5 🗀	An organization	on operated for the t	benefit of a college or un	niversity ov	wned or op	erated by	a governr	nental uni	t describe	d ın		
	section 170(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, stat	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7 🗀	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ıbed ır	n
	section 170(b	b)(1)(A)(vi). (Complet	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 LX	An organization	on that normally rece	eives [.] (1) more than 33 1	/3% of its	support fr	om contri	outions, m	iembershij	p fees, and	d gross rec	eipts f	from
	activities relat	ted to its exempt fun	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestı	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 3	0, 197	5.
	See section 8	509(a)(2). (Complete	Part III.)									
10	-	-	perated exclusively to tes									
11	_	· ·	perated exclusively for th									or
			itions described in section) See sec	tion 509(a)(3). Che	ck the box	that	
			organization and comple									
	a L Type I		_ Type II		e III - Func	•	_			Type III - C		
e L			t the organization is not									n
			han one or more publicly						3(a)(1) or s	ection 509	(a)(2).	
f			ten determination from t	ne IRS tha	atrisa iy	pe I, Type	II, or Type)				
		ganization, check th		. 0			-6 41 6-11-		0			L
g			rganization accepted an								V	N1-
		=	rectly controls, either al	one or tog	etner with	persons o	escribea i	in (ii) and (iii) below,	44~/;\	Yes	No
	-		upported organization?							11g(i)		
		•	n described in (i) above?		o2					11g(ii) 11g(iii)		
h			person described in (i) of about the supported org							119(11)		l
h	Frovide trie it	bilowing information	about the supported of	yanızanon	(5).							
//> Al		an Fib	(iii) Type of	Viv.) Is the c	organization	(v) Did you	notify the	(vi) Is	the	(
	of supported	(ii) EIN	organization		sted in your			Lorganizáti	on in col. l	nA (iiv)	iount o port	ıT
Ui gi	anization		(described on lines 1-9 above or IRC section		document?		support?	(i) organiz U.S	.?	Зар	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	[(see instructions))	Yes	No	Yes	No	Yes	No			
										· · · · · · · · · · · · · · · · · · ·		
<u>-</u>												
					}	ľ		ł	1 1			
								L_				
			<u> </u>									
					1						_	
rotal_							<u> </u>					
	Paperwork Re	duction Act Notice	see the Instructions for	or				Schedul	e A (Form	990 or 99	10-EZ)	2011

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 Page 2 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) 2007 (c) 2009(d) 2010 (e) 2011 (f) Total (b) 2008 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 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 Section B. Total Support (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 20097 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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

3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yea	r as a section 501(c)(3)	
organization, check this box and stop here		
ection C. Computation of Public Support Percentage		
4 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	9
5 Public support percentage from 2010 Schedule A, Part II, line 14	15	9
6a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 3	3 1/3% or more, check this bo	x and

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2010. 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

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2011

12

S

assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10

Gross receipts from related activities, etc. (see instructions)

CHRISTOPHER STREET WEST ASSOCIATION, INC

Schedule A (Form 990 or 990-EZ) 2011 LA PRIDE - RODNEY SCOTT

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

95-3736454 Page 3

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

Sec	ction A. Public Support	now, piease comp	iete i art ii./				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				,		
	include any "unusual grants.")	1,383,813.	1,354,210.	223,773.	222,000.	264,700.	3,448,496.
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				964,340.		2,910,435.
3	Gross receipts from activities that				_		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	_		276,620.	276,620.	368,490.	921,730.
6	Total. Add lines 1 through 5	1,383,813,	1,354,210.	1,484,962.	1,462,960,	1,594,716.	7,280,661,
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
	Public support (Subtract line 7c from line 6)						7,280,661.
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,383,813.	1,354,210.	1,484,962.	1,462,960.	1,594,716.	7,280,661,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,435.	7,437.	1,458.	696.	914.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_					
	Add lines 10a and 10b	13,435.	7,437.	1,458.	696.	914.	23,940.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-8,851.	-8,312.	-8,742.	-25,905.
13	Total support (Add lines 9, 10c, 11, and 12)	1,397,248,	1 361 647.	1,477,569,	1,455,344,		7,278,696,
	First five years. If the Form 990 is for						
	check this box and stop here			,	•	.,,,,	
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2011 (li			column (f))		15	100.03 %
	Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	-	, O. G. T. T. (17)		16	99.79 %
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20		-	ne 13 column (fl)		17	.33 %
18				.c 10, coluini (I))		18	.45 %
	33 1/3% support tests - 2011. If the	-		on line 14 and line	15 is more than 1	·	
156	more than 33 1/3%, check this box ar						►X
ŧ	33 1/3% support tests - 2010. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation, If the organization	o did not check a l	nox on line 14, 19	a. or 19b. check th	nis pox and see in:	STRUCTIONS	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	iting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certif	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170()	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	es 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, edu	ication, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gaın, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.	
а	Revenues included in 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. 132051 01-23-12

Schedule D (Form 990) 2011

CHRISTOPHER STREET WEST ASSOCIATION, INC

	dule D (Form 990) 2011 LA PRID	<u>E - RODNEY</u>	<u>SCO</u>	TT			95-	<u>373645</u>	4 Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Othe	er Similar A	ssets (con	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following tha	it are a si	ignificant use o	f its collectio	n items
	(check all that apply):								
а	Public exhibition	(: <u> </u>	Loan or excl	hange progra	ams			
b	Scholarly research	•	, 🗀	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how th	ey further th	ne organizati	on's exe	mpt purpose in	Part XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımılaı	r assets		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?			Yes_	No.
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to	Form 990, Part	IV, line 9, oi	•
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	ıncluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.					
								Amour	it
С	Beginning balance						1c		
đ	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.								
Pa	rt V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three years b	ack (e) Fou	r years back_
1a	Beginning of year balance								
b	Contributions		İ						_
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	ı)) held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	<u>%</u>							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	nd administe	ered for t	he organization	ı	
	by.								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations			•				3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds.					
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10.					
	Description of property	(a) Cost or	other	(b) Cost	or other	(c) A	ccumulated	(d) Boo	k value
		basis (invest	ment)	basis	(other)	de	preciation		
1a	Land			20	0,000.				0,000.
b	Buildings .			17	2,311.		113,781.	5	8,530.
c	Leasehold improvements								
d	Equipment			4	8,885.		48,653.		232.
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colui	nn (B), line 1	10(c).)		<u></u>	25	8,762.

CHRISTOPHER STREET WEST ASSOCIATION, INC

	VII Investments - Other Securities. See Form 990, Part X, line 12				
(a) Description of security or category (including name of security)					
Financial derivatives					
Closely-held equity interests					
Other					
(A)					
(B)	<u> </u>				
(C)					
(D)			·		
(E)					
(F)	· 				
(G)		 			
(H)					
(I)	· · · · · · · · · · · · · · · · · · ·				
I. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► art VIII Investments - Program Related.	Can Farm 000 Part V Ira		·		
-	See Form 990, Part X, IIII		of valuation		
(a) Description of investment type	(b) Book value		year market value		
(1)	 				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			<u></u>		
10)					
al. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
art IX Other Assets. See Form 990, Part X, lin	ne 15.				
(a	a) Description		(b) Book value		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
al. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)				
art X Other Liabilities. See Form 990, Part) (a) Description of liability	X, line 25	(b) Book value	· · · · · · · · · · · · · · · · · · ·		
		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)	+				
(7)					
(8)					
(9)					
· · · · · · · · · · · · · · · · · · ·					
10) 11)					
	25.1				
tal. (Column (b) must equal Form 990, Part X, col (B) li. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740)	to the organization's financial st	tements that reports the organization's liability	for uncertain tax positions under		

	CHRISTOPHER STREET WEST dule D (Form 990) 2011			95-373645	54 Page 4
		to Addited Fi	1 1	enients	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	<u> </u>	
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8	0 1 0	9		
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines t XII Reconciliation of Revenue per Audited Financial State		10	Raturn	
		THE TIES WITH THE	evenue per i		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	ا ء ا			
a	Net unrealized gains on investments	2a		1	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		┥	
d	Other (Describe in Part XIV.)	2d		┤ <u>。</u>	
e	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	140			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a 4b		-	
b	Add lines 4a and 4b	40	****	4c	
C E				5	
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per		
1	Total expenses and losses per audited financial statements		рошово рош	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
a	Donated services and use of facilities	2a			
a b	Prior year adjustments	2b		1	
0	Other losses	2c		7	
d	Other (Describe in Part XIV.)	2d		7	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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		1 1	
	Other (Describe in Part XIV)	4b		7	
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	1		5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Fe 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also				
				·	000) 004:

Schedule I (Form 990) (2011) Employer identification number å 95-3736454 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. CHRISTOPHER STREET WEST ASSOCIATION, INC (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section 3 Enter total number of other organizations listed in the little i table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable LA PRIDE - RODNEY SCOTT Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Parti

CHRISTOPHER STREET WEST ASSOCIATION, INC LA PRIDE - RODNEY SCOTT

Page 2

95-3736454

Schedule I (Form 990) (2011)

LA PRIDE - RODNEY SCOTT

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			additional information	TES A TIME				
(d) Amount of non- cash assistance			line 2, and any other	KER COMPLE				
(c) Amount of cash grant			n required in Part I,	GRANT WOR				
(b) Number of recipients			de the informatio	OMMUNITY	SOR.			
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	SCHEDULE I, PART I, LINE 2: EACH COMMUNITY GRANT WORKER COMPLETES	CARD AND IT IS SIGNED BY A SUPERVISOR.			

Schedule I (Form 990) (2011)

SCHEDULE M (Form 990)

Noncash Contributions

n Form 20

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

CHRISTOPHER STREET WEST ASSOCIATION, INC

Employer identification number 95-3736454

Schedule M (Form 990) (2011)

	LA PRIDE - R	ODNEY	SCOTT				<u>95-3</u>	736	<u>454</u>	
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on		(d) lethod of de ash contribu			3
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 (LAW ENFORCEME)	Х	1	253,	855.	COST	OF SEF	VIC	ES '	TO
26	Other (PARADE PERMIT)	Х	1			FEES	WAIVE	BY	CI	ΤY
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	ızatıon durın	g the tax year for o	contributions						
	for which the organization completed Form 82		-		29					_
	•					-			Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lin	es 1-28 th	at it must	hold for			
	at least three years from the date of the initial							i		
	the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standa	ard contrib	utions?		31		X
	Does the organization hire or use third parties									
	contributions?		-	•				32a_		X
b	if "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colur	nn (a) is ch	necked,				
	describe in Part II			-				<u></u>		

132141 01-23-12

LHA

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

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.

2011
Open to Public Inspection

Name of the organization

CHRISTOPHER STREET WEST ASSOCIATION, INC LA PRIDE - RODNEY SCOTT

Employer identification number 95-3736454

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND TRANSGENDER COMMUNITY
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
UNDERSTANDING OF THE LGBT COMMUNITY. MUSIC, HEADLINING ENTERTAINMENT,
A SUBSTANCE FREE-SPACE, A CHILDREN'S AND FAMILIES GARDEN, FOOD,
BEVERAGE AND CULTURAL EXPOSURE ARE ALL AVAILABLE AT THE LA PRIDE
FESTIVAL WHICH CONTRIBUTES TO OUR MISSION OF COMMITMENT TO THE GOALS OF
HUMAN RIGHTS, EQUALITY, OUTREACH AND EDUCATION FOR THE LGBT COMMUNITY
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
GENERATES OVER \$22 MILLION INTO THE LOCAL ECONOMY. THIS PARADE
PROVIDES AWARENESS OF THE DIVERSITY OF THE LGBT COMMUNITY TO THE MEDIA
AND THE NON-LGBT PUBLIC.
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 OR BACKGROUND. WE DO
THIS BY ATTENDING AND SUPPORTING OTHER LGBT EVENTS AND ORGANIZATIONS.
WE CO-SPONSOR A THANKSGIVING DINNER FOR HIGH RISK LBGT YOUTH, CSW
COLLECTS FOOD DURING THE HOLIDAYS FOR LOCAL FAMILIES IN OUR COMMUNITY.
CSW WORKS WITH OTHER PRIDE ORGANIZATIONS GLOBALLY TO PROMOTE LGBT
RIGHTS AND CREATE SAFE AND ENJOYABLE CELEBRATIONS.
EXPENSES \$ 265,623. INCLUDING GRANTS OF \$ 5,942. REVENUE \$ 7,672.

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

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number 95-3736454
MANAGEMENT AND GENERAL EXPENSES	5,422.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,961.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	10,990.
MANAGEMENT AND GENERAL EXPENSES	15,740.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,730.
PRINTING:	
PROGRAM SERVICE EXPENSES	24,472.
MANAGEMENT AND GENERAL EXPENSES	1,617.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,089.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	19,636.
MANAGEMENT AND GENERAL EXPENSES	884.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,520.
AUTOMOBILE:	
PROGRAM SERVICE EXPENSES	16,880.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,880.

Schedule O (Form 990 or 990 EZ) (2011) Name of the organization CHRISTOPHER STREET WEST ASSOCIATION, INC LA PRIDE - RODNEY SCOTT	Employer identification number 95-3736454
CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	14,534.
MANAGEMENT AND GENERAL EXPENSES	500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,034.
BANK & MERCHANT FEES:	
PROGRAM SERVICE EXPENSES	3,930.
MANAGEMENT AND GENERAL EXPENSES	8,339.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,269.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	425.
MANAGEMENT AND GENERAL EXPENSES	11,165.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,590.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	3,442.
MANAGEMENT AND GENERAL EXPENSES	175.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,617.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	3,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
132212 01-23-12 Sc	hedule O (Form 990 or 990-EZ) (2011)

Name of the organization	90-EZ) (2011) CHRISTOPHER STREET WEST ASSOCIATION, INC	Employer identification number
	LA PRIDE - RODNEY SCOTT	95-3736454
TOTAL EXPENSES	5	3,600
POSTAGE:		
PROGRAM SERVI	CE EXPENSES	117.
MANAGEMENT ANI	O GENERAL EXPENSES	560
FUNDRAISING E	KPENSES	0
TOTAL EXPENSE:	5	677
TOTAL OTHER E	XPENSES ON FORM 990, PART IX, LINE 24E, COL	A 320,171
FORM 990, PAR	r XI, LINE 5, CHANGES IN NET ASSETS:	
PRIOR PERIOD	ADJUSTMENTS:	3,190

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 $\triangleright \overline{X}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form. visit www rs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or CHRISTOPHER STREET WEST ASSOCIATION, INC print 95-3736454 LA PRIDE - RODNEY SCOTT File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8235 SANTA MONICA BLVD., NO. 302 return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions WEST HOLLYWOOD, CA 90046 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Code Is For Is For Form 990-T (corporation) 07 Form 990 01 80 02 Form 1041-A Form 990-BL 09 Form 990-EZ 01 Form 4720 10 Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 SUE SEXTON - 8235 SANTA MONICA BLVD. SUITE 302 -The books are in the care of ▶ HOLLYWOOD, CA 90046 FAX No. Telephone No ► 323-969-8302 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions Form 8868 (Rev. 1-2012) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted as				8868.	,
 If you are filing for an Automatic 3-Month Extension, comp 	lete only Pa	art I (on page 1).	_		
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies nee	eded).
		Enter filer's	identifyin	g number,	see instructions
ype or Name of exempt organization or other filer, see instructions			Employer	dentificatio	on number (EIN) or
print CHRISTOPHER STREET WEST ASSOCIATION, INC					
File by the LA PRIDE - RODNEY SCOTT				<u>95-37</u>	36454
BIII VAUF I				curity numb	ier (SSN)
return See C/O ESMOND & ASSOCIATES INC	C - 18	01 CENTURY PARK EA			····
City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions.			
LOS ANGELES, CA 90067					
					الشطين
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 1
					
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
orm 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant					
		ANTA MONICA BLVD.	SOLLE	302 -	WEST
• The books are in the care of MOLLYWOOD, CA	90046	TAVAIC N			
Telephone No. ► 323-969-8302	Ale a 1 le	FAX No			. —
If the organization does not have an office or place of busing If the organization Returns and the properties of the domestic of the organization of the orga			f this is fo	r the whole	group, shock this
If this is for a Group Return, enter the organization's four dig	<u> </u>	ach a list with the names and EINs of			
box		BER 15, 2012.	all Hierito	ers trie exte	mision is for.
5 For calendar year 2011, or other tax year beginning	IACAEM	, and ending	a		
6 If the tax year entered in line 5 is for less than 12 months	check reas		Final	eturn	<u> </u>
Change in accounting period	, Check reas	initial retuin		Gluili	
7 State in detail why you need the extension					
ALL THIRD PARTY INFORMATION	HAS NO	T BEEN RECEIVED.			
THE STATE STATE STATE OF THE ST	1110 110				
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0. or 6069. e	enter the tentative tax, less any			
• •	nonrefundable credits. See instructions.			s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.				s	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instructions				\$	0.
Signature and Verification must be completed for Part II only					
Under penalties of periody, I declare that have examined this form, inc it is true, correct, and complete, and their am authorized to prepare this	luding accom			of my knowled	dge and belief,
		FIED PUBLIC ACCOUN	TANData	, ► 8	7/15/12
THE PARTY OF THE P					9969 (Pay 1-2012)