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# SCANNED JUL 27 2010

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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For the	2009 calendar year, or tax year beginning APR 1, 2009 and en	nding M	AR 31, 2010	
В	Check (f applicabl	Please use IRS	·	D Employer identific	cation number
	Addre	ss label of CDACC DOOMC CAY DICHMC WECK THE			
	Name chang	type		20-5	024289
	Initial	[Canada]	oom/suite	E Telephone number	
Ĺ	Termir	Instruct 584 CASTRO STREET 4	95	415-	648-8665
느	Amend return Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	241,656.
L_	tion pendir	DAN FRANCISCO, CA 34114		H(a) Is this a group re	
		F Name and address of principal officer:D. STEPHEN MUELLER SAME AS C ABOVE		for affiliates?	Yes X No
-				H(b) Are all affiliates inc	
		empt status. X 501(c) (3 ) (insert no.) 4947(a)(1) or 527 e: ► WWW • REALBAD • ORG		H(c) Group exemption	list. (see instructions)
		organization X Corporation	I Vear		State of legal domicile CA
	art I	Summary		or to ination   iv	- otato or logar dominono
		Briefly describe the organization's mission or most significant activities. PROMO	TE AI	DS RESEARCH	, EDUCATION
Activities & Governance		AND TREATMENT AND PROTECT CIVIL RIGHTS IN			
rus	2	Check this box Fig. if the organization discontinued its operations or dispose	d of more	than 25% of its net as	ssets.
o v	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
es	5	Total number of employees (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		O tel trans and a sate (Deat VIIII has 41)	-	Prior Year 28,038.	Current Year
ĭe	Į.	Contributions and grants (Part VIII, line 1h)		189,242.	45,660. 193,314.
Revenue		Program service revenue (Part VIII, line 2g)	-	404.	305.
ĸ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	404.	2,377.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	217,684.	241,656.
	T	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<del>}</del>	160,000.	150,000.
		Benefits paid to or for members (Part IX, column (A), line 4)			
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
x	Ь	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		57,591.	73,615.
	18	Total expenses Add lines 13 17 (must acyal Pary) 1 10 jumn (A), line 25)		217,591.	223,615.
	19	Revenue less expenses. Subtract line 18 from line 12	_	93.	18,041.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16) 7 JUN 07 2010 0	<u> </u>	31,263.	49,304.
et A	21	Total liabilities (Part X, line 26)		21 262	40 204
	22 art li	Net assets or fund balances. Subtracting African line 27 Signature Block		31,263.	49,304.
	art 11	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and s	statements, a	and to the best of my knowledge	ge and belief, it is true, correct.
	,	and complete Declaration of preparer (other than difficer) is based on all information of which preparer has any	knowledge	-	
Sig	חו	V- Salenher Will VI		1 Tive 2	.7210
He		Signature of officer	_ <del></del> _	Date	<del></del>
		D. STEPHEN MUELLER, PRESIDENT			
		Type or print name and title			
Pai	ď	Preparer's Date	colf		er's identifying number structions)
_	u parer's	signature 05/21	/ 10 em	ployed 🕨 💹	
	Only	Firm's name (or WILSON MARKLE STUCKEY HARDESTY & yours if	BOTT	EIN -	
	•	self-employed), address, and LARKSPUR LANDING CIRCLE, #200	U	n. A	15 025 1120
	45 = 47	LARKSPUR, CA 94939-1750		Phone no ► 4	15-925-1120
	<u>y the II</u> 001 02-0	RS discuss this return with the preparer shown above? (see instructions) 4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate the separate that the properties of the separate that the prepared the separate that the prepared that the prepar	arate incl	ructions	X Yes No Form <b>990</b> (2009)
3021	JU 1 UZ-U	4-IU ELIFA I DI FILIPBOJ MOLDINO I OPOLITORNI FIBURORION MOLLITORIOS, SEC LIIG SEPE			1 01111 334 (2003)

Form	n 990 (2009) GRASS ROOTS GAY RIGHTS WEST, INC 20-	<u>-5024289</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
•	GRASS ROOTS GAY RIGHTS WEST PROVIDES FINANCIAL SUPPORT TO C	יחדותוואאOי	
	BASED INSTITUTIONS AND ORGANIZATIONS WITH A DEMONSTRATED CO		mO.
		ID THE	
	PROTECTION OF CIVIL RIGHTS AND LIBERTIES IN FURTHERANCE OF	THE SAN	
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3		L res	
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 56,884 • including grants of \$ ) (Revenue	\$ 193,	314.)
	ANNUAL FUNDRAISING EVENT HELD IN SEPTEMBER OF EACH YEAR CAI	LLED "REAL	
	BAD" IN WHICH MOST OF THE NET PROCEEDS TO BENEFIT 501(C)(3)		
	ORGANIZATIONS SELECTED UNDER STRICT APPLICATION AND APPROVA		
	GUIDELINES.	<u></u>	
	GOIDELINES.		
	150 000		<del></del>
4b	/		, )
	PROVIDE OPERATING AND SPECIAL PURPOSE SUPPORT TO OTHER LOCA		
	PROFIT ORGANIZATIONS WITH OBJECTIVES SIMILAR TO THAT OF GRA	SS ROOTS	GAY
	RIGHTS WEST.		
		<del></del>	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	<u> </u>
-	, , , , , , , , , , , , , , , , , , ,	•	,
		<del></del>	
	<del></del>		
4d	= :::=: (=: = 3:=: : : : : : : : : : : : : : : :		
	(Expenses \$ 13,052 · including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ►\$ 219,936.		
	· — · — · — · — · — · — · — · — · — · —	F 00	0 (2000)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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			Ų.
4		3		X
5	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4	_	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	}	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D. Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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			
•	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? 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 Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	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,			.,
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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			v
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
••	located outside the United States? If "Yes," complete Schedule F, Part III	40	Ī	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	+	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ł	Х
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	]	Х
		Form !	990 (2	nna

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
234	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
U	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
_0	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ĺ		
	Schedule N, Part II	32		<u>X</u>
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? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			•
36	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
37	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	36		<u>X</u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	٥/		
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	- Teles I all 1 etc. 1	30	- 43	

Form **990** (2009)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 16 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2ь b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Х За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 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 X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.)

Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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 Section A. Governing Body and Management

<u>oec</u>	tion A. Governing body and management					
		1.	1		Yes	No
1a	Enter the number of voting members of the governing body	1a		<u>6</u> 6		
ь	Enter the number of voting members that are independent	1b		믝		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		•	v
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			х
	of officers, directors or trustees, or key employees to a management company or other person?	00	0	3	├	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		u was fileo?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asserbance the organization become aware during the year of a material diversion of the organization's asserbance as a stability of the organization o	IS?		5 6	-	X
6	Does the organization have members or stockholders?		a of the	-	<del> </del>	^
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s or the	7a	}	х
	governing body?  Are any decisions of the governing body subject to approval by graphers, stackholders, or other popularity and the governing body.	·0000	,	7b		X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7.0		
٥	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year			
2	by the following: The governing body?			8a	х	Ì
a b	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 rea	obod	at the	100	-	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cneo	at the	9	ļ	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	- Const	e Code l	1-5-	<u> </u>	- 21
<u> </u>	tion b. I onotes (his section b requests information about policies not required by the internal h	CVEIIU	e Code./		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.03	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers affiliates	1.00	<u> </u>	
_	and branches to ensure their operations are consistent with those of the organization?	on ap	oro, armatoo,	10b	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ilina th	e form?	111	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g			<del></del>	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that coi	uld aiv	e rise	1-5		
_	to conflicts?	- · · · · · ·		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe		T	
	In Schedule O how this is done	•		12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by II	ndependent			,_,,,,,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization of the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization of the organization adopted as written policy or procedure requiring the organization of the organization o	luate I	ts participation	İ		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	on's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	r (501	c)(3)s only) availab	le for		
	public inspection. Indicate how you make 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 makes its governing documents, or	onflict	of interest policy,	and fina	incial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiz	ation:	<b>-</b>	
	THE ORGANIZATION - 415-648-8665	1 4				
	584 CASTRO STREET, NO. 495, SAN FRANCISCO, CA 941	14		<del></del>	000	
				Form	മമവ	いっしゅい

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employees."
- 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.

X Check this box if the organization did no (A)	(B)	1	(C)		(D)	(E)	(F)			
Name and Title	Average	1		Pos		1		Reportable	Reportable	Estimated
	hours	(cl	heck	c all	that	арр	ly)	compensation	compensation	amount of
	per week	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
D. STEPHEN MUELLER										<del>-</del>
PRESIDENT		X	<u> </u>	X	<b>.</b>	<u> </u>	<u> </u>	0.	0.	0.
LOREN K. BROWN				.,						•
SECRETARY-TREASURER		X	<del> </del>	X		┢-	<u> </u>	0.	0.	0.
RICHARD DELLEFAVE MEMBER		X						0.	0.	0.
GINA GATTA			$\vdash$	-		<del> </del>	┝			
MEMBER		X				1		0.	0.	0.
LEIF WAUTERS		1				<u> </u>				
MEMBER		X				<u>_</u>		0.	0.	0.
DAVID HENDRICKSON						ļ			_	
MEMBER		X	_			<u> </u>		0.	0.	0.
	ļ					ľ				
		$\vdash$	_	-		<del> </del>	_			
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Form **990** (2009)

13.61	Section A. Officers, Directors, Iru	stees, key Er	mpic	yee	:s, a	na i	nign	est	Compensated Employ	ees (continued)			
	(A)	(B)	(C)		(D)	(E)		(F)					
	Name and title	Average	[		Pos				Reportable	Reportable		Estimat	
		hours	(c	heck	( all	that	app	ly)	compensation	compensation	1 6	amount	
		per week	E.C.			1			from the	from related organizations	1 00	other mpens:	
		Week	Individual trustee or director			1	Eg	}	organization	(W-2/1099-MISC	1	from th	
		1	SEE.	asse			Densa	[	(W-2/1099-MISC)	(11 2 1000 11110		rganiza	
		{	[함	S S		ayold	E 8	[	(			ind rela	
			gwg.	Institutional trustee	Officer	Key employee	Highest compensated employee	E			or	ganızat	ions
			흔		-	3	± 22	- E					
			ļ					ŀ					
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				├─	-	<del>                                     </del>	╁─	<del> </del>	<del> </del>				
					Į						Ī		
16	Total	L			L	L.,_		L	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th		lieta	nd al	hov	a) w		<del></del>	<del></del>	<u>• •)</u>		•
_	compensation from the organization	or minica to th	1036	11300	Ju u	004	C/ ***	10 11	eceived more than wrot	,000 in reportable			0
	Sempendation from the organization											Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v en	olar	vee.	or h	nighest compensated er	mplovee on		1	-
	line 1a? If "Yes," complete Schedule J for s				,	,	,,		<b>.</b>		3		X
4	For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d oti	her compensation from	the organization			
	and related organizations greater than \$150									•	4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	uni	elat	ed organization for serv	ices rendered to			1
	the organization? If "Yes," complete Sched	ule J for such	<u>pers</u>	on							5	<u> </u>	X
Sec	tion B. Independent Contractors					_							
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensation	from	
	the organization. NONE					_							
	(A)							ĺ	(B)			(C)	
	Name and business	address						_{	Description of s	services	Comp	ensatio	on
								,					
												——	
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2	Total number of independent contractors (i	ncluding but a	ot le	mite	d +c	the	ee li	<u>_</u>	t above) who received a	ore than		<del></del>	<del></del>
4	\$100,000 in compensation from the organization		J ( 11	me	J 10		ose III O	o (CC	apove) who received h	IOIE (IIAI)			
	WIGO,000 III GOMBERGARON NOM ME OLGANI										For	n 990	(2000)

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

305 . Form **990** (2009)

0.

2,377.

2,377.

241,656.

Business Code

900099

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

11 a OTHER

2,377.

195,691.

### 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	150,000.	150,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members			<u>,</u>	
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal	2,353.		2,353.	
c	Accounting	500.		500.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	859.	859.		
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	COST OF PROGRAM EVENT	56,884.	56,884.		
b	WEBSITE	11,250.	11,250.		
С	INSURANCE	644.	644.		
d	OFFICE AND GENERAL	330.		330.	
е	CONTRIBUTIONS	299.	299.		
f	All other expenses	496.		496.	
5	Total functional expenses. Add lines 1 through 24f	223,615.	219,936.	3,679.	C
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2009)

Part X | Ralance Sheet

				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash · non-interest-bearing	<del></del>	31,263.	1	49,304
	2	Savings and temporary cash investments			2	
-	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dire	ctors, trustees, key			
ļ		employees, and highest compensated employees				
		of Schedule L			5	
l	6	Receivables from other disqualified persons (as d	efined under section			
		4958(f)(1)) and persons described in section 4958				
		Part II of Schedule L		6		
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
!	9	Prepaid expenses and deferred charges			9	
.		Land, buildings, and equipment cost or other	l			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	į	10c	
,	11	Investments · publicly traded securities			11	
1	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments · program-related. See Part IV, line 1		13		
- 1	14	Intangible assets		14		
i	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	31,263.	16	49,304
$\neg$	17	Accounts payable and accrued expenses		17		
.	18	Grants payable		18		
	19	Deferred revenue			19	
i	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
! 1	22	Payables to current and former officers, directors				
		highest compensated employees, and disqualified			1	
		of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated			24	
:	25	Other liabilities Complete Part X of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117, check her	e X and complete			
		tines 27 through 29, and lines 33 and 34.	•	<u> </u>		
	27	Unrestricted net assets		31,263.	27	49,304
,   ;	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, che	eck here 🕨 🔲 and			· · · · · · · · · · · · · · · · · · ·
		complete lines 30 through 34.				
;	30	Capital stock or trust principal, or current funds		_	30	
	31	Paid-in or capital surplus, or land, building, or equ	pment fund		31	
	32	Retained earnings, endowment, accumulated inc			32	
	33	Total net assets or fund balances		31,263.	33	49,304
Ţ	34	Total liabilities and net assets/fund balances		31,263.	34	49,304

Form **990** (2009)

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.

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За

X

Act and OMB Circular A-133?

### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

**Employer identification number** 

		GRASS R	COOTS GAY RIC	HTS W	EST,	INC			20	<u>-5024</u>	<u> 289</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)			•		
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2 🔲	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4	A medical re-	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ıe,
	city, and stat	te								·		
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	it describe	d in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🗔			ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7			eives a substantial part					or from the	general p	ublic desci	rıbed ı	n
		(b)(1)(A)(vi). (Comple		• •		Ū			•			
8 🗔			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	•		eives: (1) more than 33		•	rom contri	butions. n	nembersh	p fees, and	d aross rec	eiots	from
			nctions - subject to certa									
			axable income (less sect							_		
		509(a)(2). (Complete	,		,			,				
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	<b>4</b> ).				
11	<del>-</del>	•	perated exclusively for the	•	•			•	v out the p	ourposes o	f one	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509	(a)(3). Chec	k the box	that	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	а 🔲 Туре	l <b>b</b>	☐ Type II 💢	с 🔲 Тур	e III - Func	tionally int	tegrated		d 🔲	Type III - C	Other	
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III											
	supporting organization, check this box											
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
_	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and	(III) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?	1						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	97					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) !	s the	(vii) Am	ount o	f
	anization	(, =	organization (described on lines 1-9	, , ,	sted in your			organizáti (i) organiz	on in coi zed in the	sup		•
			above or IRC section	governing	document?	(i) of you	r support?	ับร	5 2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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<u>Total</u>					<u> </u>		<u> </u>					
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for			Schedu	le A (Form	990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009				· · · · · · · · · · · · · · · · · · ·		Page 2
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/i)
<u></u>	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
	ction A. Public Support				T		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not	'					
_	include any "unusual grants.")			<del></del>	<del> </del>		<del></del>
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ļ	
	the organization without charge					<u></u>	
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)						
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	ction B. Total Support				T		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4				<del> </del>	<del></del>	<del> </del>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		i				
_	and income from similar sources					<del></del>	
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain		<u> </u>		<del> </del>		
10	or loss from the sale of capital					ļ	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)	<u> </u>	<u> </u>	12	<u> </u>
	First five years. If the Form 990 is for	· ·		d. fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stor	<del>-</del>			<b>,</b>	(-)(-)	▶□
Sec	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		_				▶
þ	33 1/3% support test - 2008. If the o	-			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•			_		▶ []
17a	10% -facts-and-circumstances tes	_					·
	and if the organization meets the "fac			•	*	rt IV how the orgar	nization
_	meets the "facts-and-circumstances"	-	•		•	<b>.</b>	▶∟_
ь	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				· · · · · ·		• <b>▶</b> ┌─┐
10	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	п ото постеска	OUX OIT HITE IS, ID	a, 100, 1/8, 0/1/		and see instruction edule A (Form 990	
					SCIR	A (1 O1111 980	. J. 000-ELJ ZUUB

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 28,038. 48,037. 15,711. 91,786. include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 137,489. 189,242. 193,314. 520,045. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 241,351. 153,200. 217,280. 611,831. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the yea c Add lines 7a and 7b 611,831. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 217,280. 153,200 241,351 611,831. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 886. 404 305 1,595. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 886. 404. 305. 1,595. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10h. 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) 154,086. 217,684. 241,656. 613,426. 13 Total support (Add lines 9, 10c, 11, and 12) 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 99.74 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 99.65 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage  $.\overline{26}$ 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % .35 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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  $\triangleright X$ 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

### Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GRASS ROOTS GAY RIGHTS WEST.

Employer identification number 20-5024289

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	<b>∍</b> 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		=
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
-	for charitable purposes and not for the benefit of the donor of	* · ·	-
	impermissible private benefit?	,	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	· · · · · · · · · · · · · · · · · · ·	istorically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel		ne organization during the tax
	year ▶	•	· ·
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
,	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	·	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to	•	·
	or other similar assets held for public exhibition, education, of	r research in furtherance of public servic	e, 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	• •
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
ь	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2009

932053 02-01-10

» X Employer identification number 20-5024289 Open to Public Inspection (h) Purpose of grant or assistance OUTREACH/EDUCATION **DUTREACH/EDUCATION** Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 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 EDUCATION DUTREACH 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö ď ö ö (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. 22,500. 52,500. 22,500 52,500 (d) Amount of cash grant INC (c) IRC section if applicable GRASS ROOTS GAY RIGHTS WEST, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 94-3162876 94-3089742 94-3337955 94-3189198 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? VISUAL AID ARTISTS FOR AIDS RELIEF 1 (a) Name and address of organization DIMENSIONS CASTRO-MISSION HEALTH CENTER - 3850 17TH STREET - SAN or government SAN FRANCISCO, CA 94102 SAN FRANCISCO, CA 94117 SAN FRANCISCO, CA 94104 FRANCISCO, CA 94114 Name of the organization 870 MARKET ST #458 401 DUBOSE STREET Department of the Treasury 57 POST STREET Internal Revenue Service SCHEDULE OPENHOUSE (Form 990) Parti Part # MAITRI

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

(Form 990) 2009 GRASS ROOTS GAY RIGHTS WEST, INC  Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	or assistance (b) Number of (c) Amount of non- cash assistance (book, FMV, appraisal, other) (f) Description of non-cash assistance cash grant			Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.			
Schedule I (Form 990) 2009 GRASS ROOTS GA.  Part III Grants and Other Assistance to Individuals in the Ur Use Part IV and Schedule I-1 (Form 990) if additional sp	(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to prov			

## SCHEDULE O

### Supplemental Information to Form 990

(Form 990)
Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number GRASS ROOTS GAY RIGHTS WEST, INC 20-5024289 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRANCISCO BAY AREA LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY AN OFFICER OF THE BOARD BEFORE FILING. THE BALANCE OF THE BOARD OF DIRECTORS IS PROVIDED A COPY FORM 990 BEFORE FILING UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 12C: REGULAR MEETINGS OF THE BOARD OF DIRECTORS ARE CONSIDERED SUFFICIENT TO DISCLOSE ANY CONFLICTS OF INTEREST FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION PROVIDES COPIES OF ITS FORM 1023 AND ANNUAL FORM 990 TO THE PUBLIC ON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON THE REQUEST.