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Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITE-LA, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 350 SOUTH BIXEL STREET 200 City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90017	D Employer identification number 82-0576380
	F Name and address of principal officer: DAVID RATTRAY SAME AS ABOVE ,	E Telephone number (213) 580-7500	G Gross receipts \$ 2,203,477.
I Tax-exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527	J Website: WWW.UNITELA.COM		H(c) Group exemption number
K Form of organization X Corporation Trust Association Other	L Year of formation 2002	M State of legal domicile CA	

Part I Summary

Activities & Governance 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND SUPPORT AN EFFECTIVE PUBLIC EDUCATION SYSTEM IN LOS ANGELES EMPHASIZING BUSINESS AND COMMUNITY PARTNERHSIPS FOR ACCESS TO TRAINING OPPORTUNITITES, EMPLOYMENT, AND A THRIVING REGIONAL ECONOMY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of employees (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34										
	8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13 Grants and similar amounts paid (Part IX, column (A), lines 13)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses, Part IX, column (D), line 25	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19 Revenue less expenses Subtract line 18 from line 12	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	

Part II Signature Block

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

Sign Here
 Signature of officer: *David Rattray* Date: 11-13-10
 Type or print name and title: David Rattray President

Paid Preparer's Use Only
 Preparer's signature: LINDA E G BALLESTEROS Date: 11-11-10
 Check if self-employed: Preparer's identifying number (see instructions): P00366852
 Firm's name (or yours if self-employed), address, and ZIP + 4: MAGINNIS KNECHTEL & MCINTYRE LLP, 950 SOUTH ARROYO PARKWAY PASADENA, CA 91105
 EIN: 95-2746188 Phone no: 626-449-3466

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

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 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? Yes No

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 \$ 1,699,292 including grants of \$ 225,000) (Revenue \$ _____)

ATTACHMENT 3

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶ 1,699,292.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and schedules. Includes sub-rows 12A, 14a, 14b, 17, 18, 19, 20.

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (23), 1b Enter the number of voting members that are independent (22), 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? (No), 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? (No), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No), 6 Does the organization have members or stockholders? (No), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes), b Each committee with authority to act on behalf of the governing body? (Yes), 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (No), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (No), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990, 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes), 13 Does the organization have a written whistleblower policy? (Yes), 14 Does the organization have a written document retention and destruction policy? (Yes), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes), b Other officers or key employees of the organization (Yes). If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 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, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DAVID RATTRAY 350 SOUTH BIXEL STREET #200 LOS ANGELES, CA 90017 213-580-7500

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 employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID RATTRAY PRESIDENT, DIRECTOR	40.00	X		X			141,000.	0.	0.	
BRUCE ACKERMAN DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM C ALLEN DIRECTOR	1.00	X					0.	0.	0.	
ELISE BUIK DIRECTOR	1.00	X					0.	0.	0.	
JUDY BURTON DIRECTOR	1.00	X					0.	0.	0.	
MARIE CONDRON DIRECTOR	1.00	X					0.	0.	0.	
DAVID CRIPPENS BOARD CHAIR, DIRECTOR	1.00	X		X			0.	0.	0.	
MICHAEL DOLPHIN DIRECTOR	1.00	X					0.	0.	0.	
ERIC GARCETTI DIRECTOR	1.00	X					0.	0.	0.	
KEVIN GUETIG DIRECTOR	1.00	X					0.	0.	0.	
MIKE HARRIS DIRECTOR	1.00	X					0.	0.	0.	
GARY HICKMAN DIRECTOR	1.00	X					0.	0.	0.	
DON JUE DIRECTOR	1.00	X					0.	0.	0.	
PETER LANDSBERGER DIRECTOR	1.00	X					0.	0.	0.	
LILIAM LEIS-CASTILLO DIRECTOR	1.00	X					0.	0.	0.	
ANTHONY ROSS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
GARY TOEBBEN SECRETARY, TREASURER, DIRECTOR	1.00	X		X			0.	0.	0.	
PHILLIP WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
DENITA WILLOUGHBY DIRECTOR	1.00	X					0.	0.	0.	
JOHNNY DARNELL GRIGGS DIRECTOR	1.00	X					0.	0.	0.	
NICHOLAS ROGERS DIRECTOR	1.00	X					0.	0.	0.	
DARROCH "ROCKY" YOUNG DIRECTOR	1.00	X					0.	0.	0.	
KATHY SHEPARD DIRECTOR	1.00	X					0.	0.	0.	
MAELIA MACIN DIRECTOR	1.00	X					0.	0.	0.	
RON GASTELUM DIRECTOR	1.00	X					0.	0.	0.	
1b Total							141,000.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

	Yes	No
4		X
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

82-0576380

				(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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,196,206			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,196,206.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).	ATTACHMENT 4	1,006			1,006
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	REVENUE FROM OTHER SOURCES		6,265	6,265	0		
b							
c							
d	All other revenue				0		
e	Total. Add lines 11a-11d		6,265				
12	Total Revenue. See instructions		2,203,477	6,265	0	1,006	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	225,000.	225,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	141,000.	110,558.	12,620.	17,822.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	44,564.	4,456.	40,108.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	502,145.	424,193.		77,952.
12 Advertising and promotion	0.			
13 Office expenses	37,148.	34,733.	1,775.	640.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	27,978.	21,979.	2,487.	3,512.
17 Travel	21,198.	16,414.	4,276.	508.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	36,628.	36,628.		
20 Interest	0.			
21 Payments to affiliates	7,144.	7,144.		
22 Depreciation, depletion, and amortization	5,291.		5,291.	
23 Insurance	0.			
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)				
a PROGRAM CONTRACTS	713,465.	713,465.		
b STUDENT TRANSPORTATION	14,914.	14,914.		
c PROGRAM EVENTS	80,792.	80,792.		
d ADMINISTRATIVE ASSISTANT	10,750.		9,675.	1,075.
e OTHER	13,065.	9,016.	4,049.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,881,082.	1,699,292.	80,281.	101,509.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	989,119.	1	949,071.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	40,000.	3	250,000.
	4 Accounts receivable, net	250.	4	1,000.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 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	827.	9	302,646.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,263.		
	b Less accumulated depreciation	10b 9,608.	9,947.	10c 4,655.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,040,143.	16	1,507,372.	
Liabilities	17 Accounts payable and accrued expenses	166,735.	17	206,509.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	25,574.	25	130,634.
	26 Total liabilities. Add lines 17 through 25	192,309.	26	337,143.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	45,620.	27	-4,137.
	28 Temporarily restricted net assets	802,214.	28	1,174,366.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	847,834.	33	1,170,229.	
34 Total liabilities and net assets/fund balances	1,040,143.	34	1,507,372.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

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 include any "unusual grants")	946,130	920,065	732,333	1,828,366	2,196,206	6,623,100
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	946,130	920,065	732,333	1,828,366	2,196,206	6,623,100
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						6,623,100

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	946,130	920,065	732,333	1,828,366	2,196,206	6,623,100
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,000		2,000		7,271	11,271
11 Total support. Add lines 7 through 10						6,634,371
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.83%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.85%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 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; 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; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 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); 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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

- 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 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.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNITE-LA, INC.

Employer identification number 82-0576390

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

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

Schedule D (Form 990) 2009

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and changes

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). 4,655.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Description, Line Number, and Amount. Total revenue (2,203,477), Total expenses (1,881,082), Excess or (deficit) for the year (322,395).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, and Amount. Total revenue (2,253,477), Adjustments (50,000), Subtotal (2,203,477), Total revenue (2,203,477).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, and Amount. Total expenses (1,931,082), Adjustments (50,000), Subtotal (1,881,082), Total expenses (1,881,082).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Series of horizontal dashed lines for providing supplemental information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
UNITE-LA, INC.

Employer identification number
82-0576380

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) DAVID RATTRAY	141,000.	0.	0.	0.	0.	141,000.	0.
(ii) -----	0.	0.	0.	0.	0.	0.	0.
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----
(i) -----	-----	-----	-----	-----	-----	-----	-----
(ii) -----	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

COMPENSATION FROM AN UNRELATED ORGANIZATION

SCHEDULE J PART II

LOS ANGELES AREA CHAMBER OF COMMERCE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITE-LA, INC.

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

82-0576380

ATTACHMENT 1

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE FORM 990 IS SENT TO THE OFFICERS FOR REVIEW PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12A

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER, OR A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, SHALL: SIGN AT THE BEGINNING OF THEIR TERM OF SERVICE, AND; UPDATE ANNUALLY, ACKNOWLEDGMENT AND DISCLOSURE THROUGH COMPLETION OF AN "ANNUAL STATEMENT CONCERNING POSSIBLE CONFLICT OF INTEREST", WHICH IS FORWARDED TO THE PRESIDENT. ALL DISCLOSURE STATEMENTS ARE SUBJECT TO REVIEW BY THE OFFICERS FOR CONFORMITY WITH THE POLICY AND PROCEDURES.

COMPENSATION

FORM 990, PART VI, LINE 15B

THE COMPENSATION COMMITTEE IS A BODY APPOINTED BY THE BOARD WHO REVIEWS COMPENSATION COMPARABLES PUBLISHED BY INDEPENDENT RESEARCH STUDIES/SURVEYS FOR NON-PROFIT SALARIES IN THE LOS ANGELES AREA. THESE COMPARABLES ARE USED AS BENCHMARKS FOR THE COMPENSATION COMMITTEE WHO ASSURES THAT PROPOSED COMPENSATION IS WITHIN THE COMPARABLE RANGE.

PUBLIC DOCUMENTS

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization UNITE-LA, INC.	Employer identification number 82-0576380
--------------------------------------------	----------------------------------------------

ATTACHMENT 1 (CONT'D)

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THIS INFORMATION AND INSTRUCTION IS PUBLISHED ON THE ORGANIZATION'S WEB
SITE.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNITE-LA'S MISSION IS TO PROMOTE AND SUPPORT AN EFFECTIVE PUBLIC
EDUCATION SYSTEM IN LOS ANGELES EMPHASIZING BUSINESS AND COMMUNITY
PARTNERSHIPS WITH SCHOOLS SO THAT ALL STUDENTS HAVE ACCESS TO
EDUCATION AND TRAINING OPPORTUNITIES PREPARING THEM FOR HIGH-SKILL,
HIGH-WAGE EMPLOYMENT IN A FULLFILLING CAREER OF CHOICE, AND THE
REGION'S ECONOMY AND COMMUNITY THRIVES AS A RESULT.

ATTACHMENT 34A PROGRAM SERVICE

UNITE-LA PROVIDES DIRECT SERVICES TO MORE THAN 50,000 STUDENTS AND
EDUCATORS IN THE LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD), AND
INDIRECTLY REACHES HUNDREDS OF THOUSANDS OF STUDENTS, TEACHERS,
PARENTS AND OTHER SCHOOL COMMUNITY MEMBERS IN LOS ANGELES COUNTY
THROUGH THE FOLLOWING PROGRAMS, SERVICES, EVENTS AND MEDIA
CAMPAIGNS.

COLLEGE & CAREER SUCCESS NETWORK AND SCHOOLS: A BROAD TEAM OF
EDUCATION AND BUSINESS PARTNERS WORK COLLABORATIVELY TO ADVANCE
SECONDARY REFORM BY SUPPORTING THE CONVERSION OF HIGH SCHOOLS TO

Name of the organization

UNITE-LA, INC.

Employer identification number

82-0576380

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

SMALL SCHOOLS AND SMALL LEARNING COMMUNITIES (SLCS) THROUGH LEADERSHIP DEVELOPMENT, BUSINESS-EDUCATION PARTNERSHIPS, PROFESSIONAL DEVELOPMENT, AND COMMUNICATION STRATEGIES THROUGH UNITE-LA'S C&CS NETWORK TO BENEFIT NINE LAUSD HIGH SCHOOL COMPLEXES AND THE MORE THAN 400 SMALL SCHOOLS AND SMALL LEARNING COMMUNITIES OPERATING ACROSS LAUSD.

COLLEGE & CAREER ACCESS PROGRAM: AN ANNUAL SERIES OF EVENTS DESIGNED TO EXPAND ACCESS TO COLLEGE AND AWARENESS OF FINANCIAL AID OPPORTUNITIES FOR LOW-INCOME, UNDER-REPRESENTED LOS ANGELES HIGH SCHOOL STUDENTS AND THEIR FAMILIES. UNITE-LA RECRUITS LOCAL BUSINESS AND COLLEGE VOLUNTEERS, AWARDS COLLEGE SCHOLARSHIP INCENTIVES, DIRECTS THE SCHEDULING AND LOGISTICS FOR AN ANNUAL CONVENTION (ATTENDANCE: 13,000) AND FINANCIAL AID WORKSHOP SERIES (ATTENDANCE: 6,500), COORDINATES ROUNDTRIP BUS TRANSPORTATION FROM SCHOOL AND COMMUNITY LOCATIONS, AND IMPLEMENTS AN INTEGRATED MEDIA CAMPAIGN.

GROUNDHOG JOB SHADOW DAY: UNITE-LA COLLABORATES WITH JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA TO HOST AN EVENT THAT GIVES MIDDLE AND HIGH SCHOOL STUDENTS EXPERIENCES SHADOWING WORKPLACE MENTORS AS THEY GO THROUGH A NORMAL DAY ON THE JOB. JOB SHADOWING PROVIDES STUDENTS THE OPPORTUNITY TO UNDERSTAND THE IMPORTANCE OF ACADEMICS IN REACHING COLLEGE AND CAREER GOALS AND MOTIVATES STUDENTS TO LEARN BY DEMONSTRATING THE TANGIBLE APPLICATIONS OF

Name of the organization

UNITE-LA, INC.

Employer identification number

82-0576380

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

CLASSROOM LESSONS. UNITE-LA COORDINATES ACTIVITIES FOR 3,000 OF THE MORE THAN 8,000 STUDENTS SERVED ANNUALLY BY THIS JOINT PROGRAM.

LA YOUTH AT WORK: A YOUTH WORKFORCE DEVELOPMENT VENTURE THAT ANNUALLY PROVIDES APPROXIMATELY 2,500 IN AND OUT-OF-SCHOOL YOUTH AND YOUNG ADULTS AGES 16-24 WITH THE NECESSARY SKILLS TO HELP THEM TO OBTAIN AND RETAIN MEANINGFUL EMPLOYMENT IN THE PRIVATE SECTOR. JOB SKILLS WORKSHOP (OFFERED YEAR-ROUND) FOCUS ON INTERVIEWING TECHNIQUES, RESUME WRITING, BUSINESS DRESS, WORKPLACE ETHICS AND JOB RETENTION, AND PARTICIPANTS ARE ENCOURAGED TO COMPLETE THE WORK READINESS CERTIFICATION PROCESS TO INCREASE THEIR ACCESS TO ENTRY-LEVEL EMPLOYMENT. UNITE-LA AND L.A. AREA CHAMBER COLLABORATE WITH THE CITY OF LOS ANGELES AND THE MAYOR'S OFFICE TO PLAN AND IMPLEMENT HIRING EVENTS, CAREER FAIRS, CAREER EXPLORATION EVENTS, AND PROMOTE THE MAYOR'S HIRE-L.A. PROGRAM.

PRINCIPAL FOR A DAY AND EXECUTIVE FOR A DAY: ONE-DAY, ANNUAL EVENTS COORDINATED JOINTLY WITH THE L.A. AREA CHAMBER FOR APPROXIMATELY 200-300 CORPORATE AND SCHOOL ADMINISTRATORS. PRINCIPAL FOR A DAY PROVIDES BUSINESS LEADERS, ELECTED OFFICIALS, AND COMMUNITY LEADERS A UNIQUE HANDS-ON EXPERIENCE TO APPRECIATE BOTH THE STRENGTHS AND CHALLENGES OF LEADING A PUBLIC SCHOOL. EXECUTIVE FOR A DAY PROVIDES SCHOOL PRINCIPALS THE OPPORTUNITY TO MEET WITH EXECUTIVES AND LEARN NEW LEADERSHIP/MANAGEMENT STYLES,

Name of the organization

UNITE, LA, INC.

Employer identification number

82-0576380

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

TECHNOLOGY INNOVATION IN THE WORKPLACE, AND CAREERS IN
 BUSINESS/INDUSTRY THAT WILL HELP IMPROVE THEIR STUDENTS' LEARNING.

FORM 990, PART VIII - INVESTMENT INCOMEATTACHMENT 4

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	1,006			1,006
TOTALS	<u>1,006</u>			<u>1,006</u>

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- 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

Part I 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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

File by the due date for filing your return See instructions	Name of Exempt Organization UNITE-LA, INC.	Employer identification number 82-0576380
	Number, street, and room or suite no. If a P O box, see instructions 350 SOUTH BIXEL STREET #160	
	City, town or post office, state, and ZIP code For a foreign address, see instructions LOS ANGELES, CA 90017	

Check type of return to be filed (file a separate application for each return).

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DAVID RATRAY

Telephone No ▶ 213 482-3987 FAX No ▶

• 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return 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 nonrefundable credits See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization UNITE-LA, INC.	Employer identification number 82-0576380
	Number, street, and room or suite no. If a P.O. box, see instructions. 350 SOUTH BIXEL STREET #160	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LOS ANGELES, CA 90017	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DAVID RATTRAY**
Telephone No **213 482-3987** FAX No _____
- 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.

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ALL OF THE INFORMATION REQUIRED TO COMPLETE THE RETURN IS NOT AVAILABLE AT THIS TIME.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	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	8b \$	0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *John A. Ballt* Title CDA Date 8-13-10

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