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Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_, **2010, and ending** \_\_\_\_\_

**B** Check if applicable:  Address change,  Name change,  Initial return,  Terminated,  Amended return,  Application pending

**C** ONE LA - IAF  
1545 WILSHIRE BLVD #328  
LOS ANGELES, CA 90017

**D** Employer identification number: 20-1581749

**E** Telephone number: 213 273-8420

**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ WWW.ONELA-IAF.ORG

**J** Tax-exempt status (ck only one) -  501(c)(3)  501(c) ( 4 ) ◀ (insert no) \_\_\_\_\_ 4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 104,322.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	101,811.
	2 Program service revenue including government fees and contracts	2	2,500.
	3 Membership dues and assessments	3	
	4 Investment income	4	11.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,322.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	143,641.
	13 Professional fees and other payments to independent contractors	13	10,000.
	14 Occupancy, rent, utilities, and maintenance	14	21,446.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	56,627.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	231,714.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-127,392.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	185,721.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,329.

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b>	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>37b</b>	b Did the organization file Form 1120-POL for this year?		X
<b>38a</b>	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b>	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>40b</b>	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b> X		
<b>40c</b>	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>40d</b>	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>40e</b>	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b> X		
<b>41</b>	List the states with which a copy of this return is filed <b>CA</b>		

**42a** The organization's books are in care of **ONE LA - IAF** Telephone no. **213-273-8420**  
 Located at **1545 WILSHIRE BLVD, # 328 LOS ANGELES CA** ZIP + 4 **90017**

		Yes	No
<b>42b</b>	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

		Yes	No
<b>44a</b>	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44a</b> X		
<b>44b</b>	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44b</b> X		
<b>44c</b>	c Did the organization receive any payments for indoor tanning services during the year? <b>44c</b> X		
<b>44d</b>	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>44d</b>		

- |   |     | Yes | No |
|---|-----|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  | 45  |     | X  |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.) | 45a |     | X  |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I   | 46  |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- |   |     | Yes | No |
|---|-----|-----|----|
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II           | 47  |     |    |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48  |     |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?           | 49a |     |    |
| b If 'Yes,' was the related organization a section 527 organization?                                    | 49b |     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

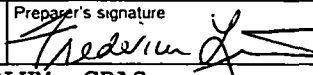
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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:   
 Type or print name and title: Samuel Chu, Board President Date: 8/1/2011

**Paid Preparer Use Only**  
 Print/Type preparer's name: FREDERICA LEVITT Preparer's signature:  Date: 7/25/11  
 Firm's name: LEVITT & ROSENBLUM, CPAS Check  if self-employed PTIN: N/A  
 Firm's address: 10801 NATIONAL BLVD., SUITE 604 Firm's EIN: N/A  
LOS ANGELES, CA 90064-4126 Phone no: (310) 441-1233

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

ONE LA - IAF

Employer identification number

20-1581749

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ONE LA-IAF IS A BROAD BASED, NON-PARTISAN ORGANIZATION OF DUES PAYING MEMBER  
CONGREGATIONS, SCHOOLS, UNIONS AND NON-PROFITS COMMITTED TO BUILDING POWER FOR  
SUSTAINABLE SOCIAL AND ECONOMIC CHANGE. ONE LA-IAF DEVELOPS A CONSTITUENCY OF  
LEADERS TO BECOME CITIZENS IN THE FULLEST SENSE; PARTICIPANTS IN DEMOCRATIC  
DECISION MAKING AND AGENTS OF THE CREATION OF A MORE JUST SOCIETY THROUGH THE  
EXERCISE OF RELATIONAL POWER.

**FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ONE LA WORKS WITH TEAMS OF PARENTS, TEACHERS, ADMINISTRATORS AND COMMUNITY LEADERS  
TO BUILD RELATIONAL TRUST AND THE CAPACITY TO WORK TOGETHER ON STRATEGIES TO  
IMPROVE STUDENT LEARNING. THIS WORK HAS EXPANDED TO 26 PUBLIC SCHOOLS WITHIN  
LAUSD. ONE LA WORKS WITH FRANKLIN HS, CRENSHAW HS AND MANUAL ARTS HS TO IMPLEMENT  
"THE ALGEBRA PROJECT," A MATH PEDAGOGY AND METHODOLOGY THAT HAS DEMONSTRATED  
SUCCESS AMONG STUDENTS WHO ARE TRADITIONALLY UNSUCCESSFUL LEARNING HIGH SCHOOL  
MATHEMATICS.

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

HEALTH CARE REFORM. ONE LA ORGANIZES TO IMPROVE ACCESS TO HEALTH CLINICS FOR THE  
UNINSURED AND LOW INCOME POPULATION, HELP SMALL BUSINESS OWNERS ACCESS  
CALIFORNIA'S HEALTH INSURANCE EXCHANGE, AND SUPPORT LEGISLATION TO REGULATE THE  
COST OF PRIVATE HEALTH INSURANCE.

ONE LA - IAF

20-1581749

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

OFFICE EXPENSES	\$	15,154.
INFORMATION TECHNOLOGY		3,814.
TRAVEL		23,142.
CONFERENCES, CONVENTIONS, AND MEETINGS		13,750.
DEPRECIATION		767.
<b>TOTAL</b>	<b>\$</b>	<b><u>56,627.</u></b>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 2,334.	\$ 1,567.
PLEDGES AND GRANTS RECEIVABLE	3,876.	15,995.
PREPAID EXPENSES AND DEFERRED CHARGES	1,073.	1,152.
DEPOSITS	0.	845.
<b>TOTAL</b>	<b>\$ <u>7,283.</u></b>	<b>\$ <u>19,559.</u></b>

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,716.	\$ 506.
<b>TOTAL</b>	<b>\$ <u>2,716.</u></b>	<b>\$ <u>506.</u></b>

**FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ANGELA BELTRAN 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
SAMUEL CHU 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	CHAIR 2.00	0.	0.	0.
ROBERT CORDOVA 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
ZITA DAVIS 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.

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20-1581749

**FORM 990-EZ, PART IV (CONTINUED)**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FR. TOM FRANK 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JAY GOLDBERG 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	TREASURER 2.00	0.	0.	0.
JANE HIRSH 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	SECRETARY 2.00	0.	0.	0.
MARA MARKS 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
BRENDA MORALES 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
MARK NOVAK 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
ORINIO OPINALDO 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
JULIE ROBERT FRONK 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
RECARDO MIRELES 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	DIRECTOR 1.00	0.	0.	0.
TOM HOLLER 1545 WILSHIRE BLVD. STE 328 LOS ANGELES, CA 90017	EXECUTIVE DIREC 40.00	107,125.	10,312.	0.
	TOTAL	\$ 107,125.	\$ 10,312.	\$ 0.

ONE LA - IAF

20-1581749

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	COST/BASIS	PRIOR 179/179 BONUS/SP. DEPR.	SPECIAL DEPR. ALLOW.	PRIOR DEC. BAL. DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF															
FURNITURE AND FIXTURES															
1	FURNITURE & EQUIPMENT	12/01/06			5,372					5,372	3,038	S/L	7		767
TOTAL FURNITURE AND FIXTURE															
					5,372	0	0	0	0	5,372	3,038				767
TOTAL DEPRECIATION															
					5,372	0	0	0	0	5,372	3,038				767
GRAND TOTAL DEPRECIATION															
					5,372	0	0	0	0	5,372	3,038				767