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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

- 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.

OMB No 1545-1150

2010

**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning 10/1/2010, and ending 9/30/2011

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

C Name of organization: WLALA Foundation
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
634 South Spring Street 617
 City or town state or country ZIP + 4
Los Angeles CA 90014

D Employer identification number: 95-3953964

E Telephone number: 213-892-8982

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.wlala.org

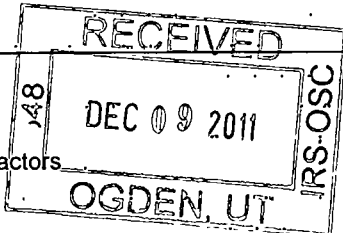
J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no. 4947(a)(1) or 527)

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. **▶ \$ 15,471**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received										13,840																			
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income											426																		
	5a	Gross amount from sale of assets other than inventory																													
	b	Less cost or other basis and sales expenses																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	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)																													
c	Less direct expenses from gaming and fundraising events																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a	Gross sales of inventory, less returns and allowances																														
b	Less cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O)																													
17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													



SCANNED DEC 28 2011

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Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	105,298	22	99,135
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	105,298	25	99,135
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,298	27	99,135

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? Increase the use of law towards social justice

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Provided scholarships to law students who have demonstrated a commitment to issues affecting women and/or children	(Grants \$ 16,800) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,729
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)		32	20,729

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Tanya Forsheit 634 South Spring Street Los Angeles CA 90014	Title President Hr/WK 10.00	0		
Ruth Kahn 634 South Spring Street Los Angeles CA 90014	Title President-Elect Hr/WK 5.00	0		
Anne Tremblay 634 South Spring Street Los Angeles CA 90014	Title 1st Vice President Hr/WK 5.00	0		
Jennifer Romano 634 South Spring Street Los Angeles CA 90014	Title 2nd Vice President Hr/WK 1.00	0		
Kimberly Arnal 634 South Spring Street Los Angeles CA 90014	Title Secretary/Treasurer Hr/WK 2.00	0		
Stacy Horth-Neubert 634 South Spring Street Los Angeles CA 90014	Title Communications Office Hr/WK 2.00	0		
Angela Haskins 634 South Spring Street Los Angeles CA 90014	Title Immediate Past Presi Hr/WK .50	0		
Adrienne Hahn 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0		
Elena Min 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0		
Jennifer Leland 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0		
Allegra Perez 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0		
Lovette Mioni 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0		
Eileen Decker 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0		

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

- 33 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
- 34 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)
- 35 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.
 - 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?
 - b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?
- 36 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
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. **37a** _____
 - b Did the organization file **Form 1120-POL** for this year? **37b** _____
- 38 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? **38a** _____
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** _____
- 39 Section 501(c)(7) organizations. Enter:
 - a Initiation fees and capital contributions included on line 9 **39a** _____
 - b Gross receipts, included on line 9, for public use of club facilities **39b** _____
- 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____
 - 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 **40b** _____
 - 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 **40c** _____
 - d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d** _____
 - 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 **40e** _____
- 41 List the states with which a copy of this return is filed. ▶ CA

	Yes	No
33		X
34		X
35a		X
35b		X
36		X
37b		X
38a		X
40b		X
40e		X

42 a The organization's books are in care of ▶ Kay Burt Telephone no ▶ 213-892-8982
 Located at ▶ 634 South Spring Street City Los Angeles ST CA ZIP + 4 ▶ 90014

- 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)? **42b** _____
 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.**
- c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** _____
 If "Yes," enter the name of the foreign country: _____

	Yes	No
42b		X
42c		X

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

- 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** _____
- 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 **44b** _____
- c Did the organization receive any payments for indoor tanning services during the year? **44c** _____
- 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 **44d** _____

	Yes	No
44a		X
44b		X
44c		X
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		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		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		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.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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 & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

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: Tanya Forshett Date: 12/1/11
 Type or print name and title: Tanya Forshett, President

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Howard J Levine	<u>Howard J Levine</u>	10/17/2011		
	Firm's name	Firm's EIN			
	Firm's address	Phone no			
	Howard J Levine C.P.A.	(818) 994-5562			
	16600 Sherman Way #280, Van Nuys, CA 91406				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
WLALA Foundation

Employer identification number
95-3953964

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e 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 August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,350	17,635	27,062	16,011	13,840	75,898
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	41,290	45,724	26,675	5,799	1,205	120,693
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	42,640	63,359	53,737	21,810	15,045	196,591
7a Amounts included on lines 1, 2, and 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 year			5,080			5,080
c Add lines 7a and 7b			5,080			5,080
8 Public support (Subtract line 7c from line 6)						191,511

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	42,640	63,359	53,737	21,810	15,045	196,591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,618	1,636	243	439	426	4,362
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,618	1,636	243	439	426	4,362
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)	44,258	64,995	53,980	22,249	15,471	200,953
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	95.30%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	95.38%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.17%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.30%

- 19a **33 1/3% support tests—2010.** 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—2009.** 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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

WLALA Foundation

95-3953964

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Sandra Fluke, Cash

Grant: 3,500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Suzanne Marie

Lawson, Cash Grant: 500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Jacquelyne Baylon,

Cash Grant: 500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Glendale

University, Cash Grant: 3,500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: UCLA School of Law,

Cash Grant: 3,500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Loyola Law School,

Cash Grant: 3,500, Relationship: None

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Program support, Grantee: Harnet Buhai

Center, Cash Grant: 1,800, Relationship: None

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 2,382

Form 990-EZ, Part I, Line 16, Other Expenses: Filing fees: 25

Form 990-EZ, Part I, Line 20, Net Assets: Unrealized losses on investments: -819

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
Melanie Natasha Henry 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Jill Piano 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0	0	0
Patricia Daza 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Cathy Ostiller 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Sarah de Diego 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Carmela Pagay 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Michelle Williams Court 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Kathleen McDowell 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0	0	0
Susan Alker 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0	0	0
Nicole Bershon 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Keri Campbell 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Holly Fujie 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Judith Chirlin 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Lorena De Bono 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0	0	0
Susan Steinhauser 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0	0	0
Katherine Forster 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0	0	0
.....	Title Hr/WK .00	0	0	0