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# Return of Organization Exempt From Income Tax

**2011**

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 2011 calendar year, or tax year beginning 2011, and ending 2011**

<b>B</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	<b>C Name of organization</b> UNITE-LA, INC. Doing Business As			<b>D Employer identification number</b> 82-0576380		
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (213) 580-7500		
	350 SOUTH BIXEL STREET City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90017				<b>G Gross receipts \$</b> 2,293,677.	
	<b>F Name and address of principal officer</b> DAVID RATTRAY SAME AS "C" ABOVE			<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>J Website:</b> WWW.UNITELA.COM			<b>H(c) Group exemption number</b>			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 2002			
			<b>M State of legal domicile</b> CA			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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 PARTNERSHIPS FOR ACCESS TO TRAINING OPPORTUNITITES, EMPLOYMENT, AND A THRIVING REGIONAL ECONOMY.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
		<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	29.
		<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
		<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
		<b>6</b> Total number of volunteers (estimate if necessary)	6	125.
		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,556,714.	2,292,643.	
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,391.	547.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	7,150.	487.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,565,255.	2,293,677.	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	140,500.	1,511.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,000.	92,900.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	78,642.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,583,462.	2,343,117.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,874,962.	2,437,528.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-309,707.	-143,851.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	1,063,643.	789,415.	
	<b>21</b> Total liabilities (Part X, line 26)	203,121.	72,744.	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	860,522.	716,671.	

**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.

<b>Sign Here</b>	Signature of officer: <i>David Rattray</i>	Date: 11/12/12
	Type or print name and title: David Rattray, President	

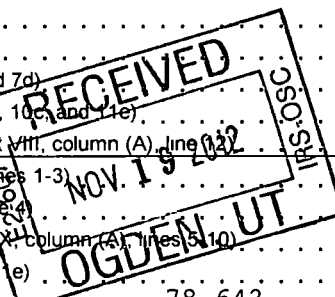
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: LINDA E G BALLESTEROS	Preparer's signature: <i>Linda G. Ballt</i>	Date: 11/9/12	Check <input type="checkbox"/> if self-employed	PTIN: P00366852
	Firm's name: MAGINNIS KNECHTEL & MCINTYRE LLP			Firm's EIN: 95-2746188	
	Firm's address: 300 W COLORADO BLVD PASADENA, CA 91105			Phone no: 626-449-3466	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

ATTACHMENT 1

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,285,029. including grants of \$ 1,511. ) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 2

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 ▶ 2,285,029.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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 line 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers (1a, 1b, 2-9). Contains questions 1a through 9 regarding governing body members and relationships.

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

Table with 4 columns: Question, Yes, No, and a column for line numbers (10a-16b). Contains questions 10a through 16b regarding organizational policies and procedures.

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 (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID RATTRAY PRESIDENT, DIRECTOR	40.00	X		X			92,900.	0	0	
(2) WILLIAM C ALLEN DIRECTOR	1.00	X					0	0	0	
(3) ELISE BUIK DIRECTOR	1.00	X					0	0	0	
(4) JUDY BURTON DIRECTOR	1.00	X					0	0	0	
(5) MARIE CONDRON DIRECTOR	1.00	X					0	0	0	
(6) DAVID CRIPPENS BOARD CHAIR, DIRECTOR	1.00	X		X			0	0	0	
(7) MICHAEL DOLPHIN DIRECTOR	1.00	X					0	0	0	
(8) ERIC GARCETTI DIRECTOR	1.00	X					0	0	0	
(9) KEVIN GUETIG DIRECTOR	1.00	X					0	0	0	
(10) MIKE HARRIS DIRECTOR	1.00	X					0	0	0	
(11) GARY HICKMAN DIRECTOR	1.00	X					0	0	0	
(12) DON JUE DIRECTOR	1.00	X					0	0	0	
(13) PETER LANDSBERGER DIRECTOR	1.00	X					0	0	0	
(14) LILIAM LEIS-CASTILLO 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) ANTHONY ROSS DIRECTOR	1.00	X						0	0	0
16) LARRY THOMPSON DIRECTOR	1.00	X						0	0	0
17) GARY TOEBBEN SECRETARY, TREASURER, DIRECTOR	1.00	X		X				0	0	0
18) PHILLIP WILLIAMS DIRECTOR	1.00	X						0	0	0
19) DENITA WILLOUGHBY DIRECTOR	1.00	X						0	0	0
20) MAELIA MACIN DIRECTOR	1.00	X						0	0	0
21) RON GASTELUM DIRECTOR	1.00	X						0	0	0
22) MARIA ELENA DURAZO DIRECTOR	1.00	X						0	0	0
23) DANIEL LAVISTA DIRECTOR	1.00	X						0	0	0
24) ANGELICA SALAS DIRECTOR	1.00	X						0	0	0
25) DIANE DAVIES DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>								92,900.	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								92,900.	0	0

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

	Yes	No
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		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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LARRY TASH 23006 VOSE ST. WEST HILLS, CA 91307	EDU SUPPORT SVCS	104,000.

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 **1**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	2,292,643.		
	g	Noncash contributions included in lines 1a-1f \$ . . . . .				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		2,292,643.		
<b>Program Service Revenue</b>	2a	_____	<b>Business Code</b>			
	b	_____				
	c	_____				
	d	_____				
	e	_____				
	f	All other program service revenue . . . . .				
	g	<b>Total.</b> Add lines 2a-2f . . . . .		0		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 3		547.		547.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
	6a	Gross rents . . . . .	(i) Real			
	b	Less rental expenses . . . . .	(ii) Personal			
	c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		0		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities			
	b	Less cost or other basis and sales expenses . . . . .	(ii) Other			
	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			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a	REVENUE FROM OTHER SOURCES		487.	487.		
b	_____					
c	_____					
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		487.			
12	<b>Total revenue.</b> See instructions . . . . .		2,293,677.	487.	547.	

**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)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,511.	1,511.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	92,900.	67,817.	11,148.	13,935.
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 accruals and contributions (include section 401(k) and 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	40,636.		40,636.	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other	1,255,193.	1,236,693.		18,500.
12	Advertising and promotion.	0			
13	Office expenses.	58,418.	51,831.	2,451.	4,136.
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	13,084.	9,400.	1,987.	1,697.
17	Travel.	68,636.	51,350.	9,252.	8,034.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	25,442.	25,442.		
20	Interest.	0			
21	Payments to affiliates.	9,482.	8,060.	1,422.	
22	Depreciation, depletion, and amortization.	2,066.		2,066.	
23	Insurance.	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM CONTRACTS	791,419.	757,830.	1,731.	31,858.
b	PROGRAM EVENTS	36,935.	36,935.		
c	STUDENT TRANSPORTATION	29,653.	29,653.		
d	OTHER	12,153.	8,507.	3,164.	482.
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	2,437,528.	2,285,029.	73,857.	78,642.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	816,687.	1	566,952.	
	2	Savings and temporary cash investments	0	2	0	
	3	Pledges and grants receivable, net	240,098.	3	218,345.	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	4,793.	9	4,118.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	14,263.			
		<b>10a</b>				
	b	Less accumulated depreciation	14,263.	2,065.	10c	0
		<b>10b</b>				
	11	Investments - publicly traded securities	0	11	0	
	12	Investments - other securities See Part IV, line 11	0	12	0	
	13	Investments - program-related See Part IV, line 11	0	13	0	
14	Intangible assets	0	14	0		
15	Other assets See Part IV, line 11	0	15	0		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,063,643.	16	789,415.		
Liabilities	17	Accounts payable and accrued expenses	99,421.	17	47,521.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	103,700.	25	25,223.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	203,121.	26	72,744.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	10,642.	27	144,860.	
	28	Temporarily restricted net assets	849,880.	28	571,811.	
	29	Permanently restricted net assets	0	29	0	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>	860,522.	33	716,671.	
34	<b>Total liabilities and net assets/fund balances.</b>	1,063,643.	34	789,415.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	2,293,677.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	2,437,528.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-143,851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	860,522.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	716,671.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . . .		X
b Were the organization's financial statements audited by an independent accountant? . . . . .	X	
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	X	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? . . . . .		X
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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**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

UNITE-LA, INC.

Employer identification number

82-0576380

**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? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (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? .....
- 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)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 99.78%; 15 Public support percentage from 2010 Schedule A, Part II, line 14 99.75%; 16a 33 1/3% support test - 2011. 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 [X]; b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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; 12 Other income Do not include gain or loss from the sale of capital assets; 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 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 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 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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 - 2010. 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

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

UNITE-LA, INC.

82-0576380

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 Tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2011

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?

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?

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?

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

Part V Endowment Funds. Complete if the 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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %, b Permanent endowment %, c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10

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

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

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY TRANSACTION LIABILITIES	25,223.
(3) DUE TO SCHOLARSHIP RECEPIENTS	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	25,223.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (2,293,677). Line 2: Total expenses (2,437,528). Line 3: Excess or (deficit) for the year (-143,851). Line 10: Excess or (deficit) for the year per audited financial statements (-143,851).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (2,309,321). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (2,293,677). Line 5: Total revenue (2,293,677).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (2,453,172). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (2,437,528). Line 5: Total expenses (2,437,528).

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 provided for entering supplemental information.

**Part XIV** Supplemental Information (continued)

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**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

**2011**

**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 are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III . . . . .

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" 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 checked="" 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 . . . . .

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | X |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | X |
- 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 . . . . .

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | X |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | X |
- 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 . . . . .

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | X |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | X |
- 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 Regulations 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID RATRAY	(i) 92,900. (ii) 0 (iii) 0	0	0	0	0	92,900.	
2		(i) (ii) (iii)						
3		(i) (ii) (iii)						
4		(i) (ii) (iii)						
5		(i) (ii) (iii)						
6		(i) (ii) (iii)						
7		(i) (ii) (iii)						
8		(i) (ii) (iii)						
9		(i) (ii) (iii)						
10		(i) (ii) (iii)						
11		(i) (ii) (iii)						
12		(i) (ii) (iii)						
13		(i) (ii) (iii)						
14		(i) (ii) (iii)						
15		(i) (ii) (iii)						
16		(i) (ii) (iii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION FROM AN UNRELATED ORGANIZATION

SCHEDULE J PART II

LOS ANGELES AREA CHAMBER OF COMMERCE - SEE SCHEDULE O

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITE-LA, INC.

**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

**2011**

**Open to Public  
Inspection**

Employer identification number

82-0576380

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

AT THE BEGINNING OF THEIR TERM AND ANNUALLY THEREAFTER, EACH DIRECTOR,  
PRINCIPAL OFFICER AND MEMBER SIGNS 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 15

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

Name of the organization  
UNITE-LA, INC.

Employer identification number  
82-0576380

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

#### AFFILIATIONS

##### 990 PART VII

UNITE-LA SHARES CERTAIN PAYROLL AND OTHER ADMINISTRATIVE FUNCTIONS WITH THE LOS ANGELES AREA CHAMBER OF COMMERCE (THE CHAMBER). THE PRESIDENT, WHO IS ALSO A SENIOR VICE-PRESIDENT OF THE CHAMBER'S EDUCATION AND WORKFORCE DEVELOPMENT DIVISION, IS COMPENSATED FOR HIS SERVICES TO UNITE-LA THROUGH AN ARRANGEMENT WITH THE CHAMBER. IN 2011, A PORTION OF THE OFFICER'S COMPENSATION WAS PAID BY THE CHAMBER.

#### ATTACHMENT 1

##### FORM 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 2

##### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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

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ATTACHMENT 2 (CONT'D)

THROUGH THE FOLLOWING PROGRAMS, SERVICES, EVENTS AND MEDIA CAMPAIGNS. 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. PILLAR: A COLLABORATIVE PARTNERSHIP WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD) AND THE LA CHAMBER WORKING TO DEVELOP BETTER BUSINESS PARTNERSHIPS TO BENEFIT LOCAL SCHOOLS AND STUDENTS. PILLAR HOSTS THE ANNUAL PRINCIPAL FOR A DAY AND EXECUTIVE FOR A DAY: EVENTS COORDINATED JOINTLY WITH THE L.A. AREA CHAMBER FOR 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, TECHNOLOGY INNOVATION IN THE WORKPLACE, AND CAREERS IN BUSINESS/INDUSTRY THAT

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ATTACHMENT 2 (CONT'D)

WILL HELP IMPROVE THEIR STUDENTS' LEARNING. LA COMPACT: UNITE-LA SERVES AS THE CONVENER OF THE LA COMPACT, A COLLABORATION BETWEEN 18 MAJOR LOS ANGELES INSTITUTIONS WHO HAVE MADE A COMMITMENT TO WORK JOINTLY THROUGH 8 STRATEGIES ON WORKING TO ENSURE ALL LOS ANGELES YOUTH GRADUATE HIGH SCHOOL AND HAVE ACCESS TO COLLEGE AND CAREER PATHWAYS. LOS ANGELES SCHOOL DEVELOPMENT INSTITUTE (LASDI): IN COLLABORATION WITH LAUSD, UNITED TEACHERS LOS ANGELES, AND ASSOCIATED ADMINISTRATORS LOS ANGELES; LASDI ASSISTS TEAMS OF TEACHERS AND ADMINISTRATORS DESIGNING AND IMPLEMENTING SCHOOL PLANS AIMED TRANSFORMING SCHOOLS; LASDI SUPPORTS LOCAL SCHOOL TEACHERS AND ADMINISTRATORS IN DEVELOPING "SCHOOL TURNAROUND" PLANS THAT RESPOND TO THE UNIQUE NEEDS OF THEIR COMMUNITY AND STUDENTS. WORKING THROUGH LAUSD'S PUBLIC SCHOOL CHOICE INITIATIVE, LASDI HAS ASSISTED NEARLY 70 SCHOOLS IN CREATING AND IMPLEMENTING DESIGNS FOR NEW AND EXISTING SCHOOLS IN LOS ANGELES.

LA LEARNS 21: UNITE-LA SERVES AS THE CONVENER AND DRIVER BEHIND LA LEARNS 21. A UNIQUE PARTNERSHIP OF LOCAL AND NATIONAL ORGANIZATIONS DEDICATED TO SUPPORTING 21ST CENTURY LEARNING IN LOS ANGELES LOCAL DISTRICT 4 AND IN THE LOS ANGELES UNIFIED SCHOOL DISTRICT. BY LEVERAGING THE SERVICES AND RESOURCES OF ITS LOCAL AND NATIONAL PARTNERS AND CONCURRENTLY DELIVERING DIRECT SERVICES TO SCHOOLS AND PROFESSIONALS, THE LA LEARNS 21 PARTNERSHIP WILL ACHIEVE A SUSTAINABLE MODEL OF 21ST CENTURY LEARNING PROFESSIONAL DEVELOPMENT IN LOS ANGELES.

CASH FOR COLLEGE: AN ANNUAL SERIES OF EVENTS DESIGNED TO EXPAND

Name of the organization

UNITE-LA, INC.

Employer identification number

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ATTACHMENT 2 (CONT'D)

ACCESS TO COLLEGE AND AWARENESS OF FINACIAL 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  
 LOCAATIONS, AND IMPLEMENTS AN INTEGRATED MEDIA CAMPAIGN.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<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	547.			547.
TOTALS	<u>547.</u>			<u>547.</u>