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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

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*

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning <u>10/1/2011</u> , and ending <u>9/30/2012</u>																
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>WLALA Foundation</u></td> <td>D Employer identification number <u>95-3953964</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number <u>213-892-8982</u></td> </tr> <tr> <td colspan="2"><u>634 South Spring Street</u> <u>617</u></td> <td></td> </tr> <tr> <td colspan="2">City or town state or country ZIP + 4</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="2"><u>Los Angeles CA 90014</u></td> <td></td> </tr> </table>	C Name of organization <u>WLALA Foundation</u>		D Employer identification number <u>95-3953964</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number <u>213-892-8982</u>	<u>634 South Spring Street</u> <u>617</u>			City or town state or country ZIP + 4		F Group Exemption Number ▶	<u>Los Angeles CA 90014</u>		
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City or town state or country ZIP + 4		F Group Exemption Number ▶														
<u>Los Angeles CA 90014</u>																
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
I Website: ▶ <u>www.wlala.org</u>																
J Tax-exempt status (check only one) — <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																

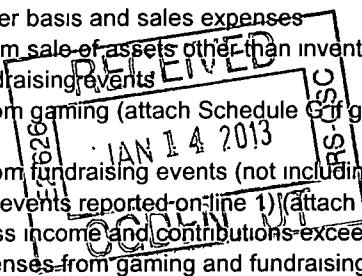
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. ▶ \$ 22,788

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.

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	20,538
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	450
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,800
6c Less direct expenses from gaming and fundraising events	6c	121	
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,679	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,667	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	17,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	750
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,894
	16 Other expenses (describe in Schedule O)	16	2,642
	17 Total expenses. Add lines 10 through 16	17	22,286
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	381
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	99,135
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	3,990
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,506

SCANNED JAN 25 2013



P 8

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	99,135	22 103,506
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	99,135	25 103,506
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,135	27 103,506

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

Expenses

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

What is the organization's primary exempt purpose? Increase the use of law towards social justice
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Provided scholarships to law students who have demonstrated a commitment to issues affecting women and/or children (Grants \$ 17,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,520
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) <input type="checkbox"/>	32	21,520

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ruth Kahn 634 South Spring Street Los Angeles CA 90014	Title President Hr/WK 2.00	0		
Anne Tremblay 634 South Spring Street Los Angeles CA 90014	Title President-Elect Hr/WK 2.00	0		
Jennifer Romano 634 South Spring Street Los Angeles CA 90014	Title 1st Vice President Hr/WK 2.00	0		
Kimberly Arnal 634 South Spring Street Los Angeles CA 90014	Title 2nd Vice President Hr/WK 2.00	0		
Stacy Horth-Neubert 634 South Spring Street Los Angeles CA 90014	Title Secretary/Treasurer Hr/WK 2.00	0		
Amy Brantly 634 South Spring Street Los Angeles CA 90014	Title Communications Officer Hr/WK 2.00	0		
Tanya Forsheit 634 South Spring Street Los Angeles CA 90014	Title Immediate Past President Hr/WK 50	0		
Adrienne Hahn 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK .50	0		
Susan Steinhäuser 634 South Spring Street Los Angeles CA 90014	Title Director 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		
Perlette Jura 634 South Spring Street Los Angeles CA 90014	Title Director Hr/WK 50	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
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).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		X
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
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.		X
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?		X
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?		X
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.		X
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. ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ _____		
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.		X
41	List the states with which a copy of this return is filed. ▶ CA		
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)? 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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> 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.		X
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.		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45b			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.

Table with Yes/No columns and a row for question 46 showing 'X' in the No column.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Table with Yes/No columns and a row for question 47 showing 'X' in the No column.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Table with Yes/No columns and a row for question 48 showing 'X' in the No column.

49 a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and rows for questions 49a and 49b, both showing 'X' in the No column.

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes [X] 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 (K. Arnal), Date (1/21/13), Type or print name and title (Kimberly Arnal, Second Vice President)

Paid Preparer Use Only: Pnnt/Type preparer's name (Howard Levine), Preparer's signature, Date (10/22/2012), Check self-employed [X], PTIN (P00009906), Firm's name (Howard J. Levine C.P.A.), Firm's EIN (95-3535569), Firm's address (16600 Sherman Way #280, Van Nuys, CA 91406), Phone no (818) 994-5562

May the IRS discuss this return with the preparer shown above? See instructions. Yes [X] No []

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

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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 US?		(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,635	27,062	16,011	13,840	20,538	95,086
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	45,724	26,675	5,799	1,205	1,800	81,203
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	63,359	53,737	21,810	15,045	22,338	176,289
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)						171,209

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	63,359	53,737	21,810	15,045	22,338	176,289
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,636	243	439	426	450	3,194
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,636	243	439	426	450	3,194
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)	64,995	53,980	22,249	15,471	22,788	179,483

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	95.39%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.30%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.78%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.17%

- 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

MZ

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**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

WLALA Foundation

Employer identification number

95-3953964

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

Grant: 500, Relationship: None

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

Cash Grant: 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: Pepperdine

University School of Law, Cash Grant: 10,000, Relationship: None

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

School, Cash Grant: 2,000, Relationship: None

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

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

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 2,626

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

Form 990-EZ, Part I, Line 20, Net Assets: Unrelized gains on investments: 3,990

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

Name of Organization		Employer identification number		
WLALA Foundation		95-3953964		
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Contributions to emp benefit plans & deferred compensation	Estimated amount of other compensation
Tamar Koyoumjian Director	.50	0	0	0
Jessica Kronstadt Director	.50	0	0	0
Jennifer Leland Director	.50	0	0	0
Eileen Decker Director	.50	0	0	0
Jill Piano Director	.50	0	0	0
Patricia Daza Director	.50	0	0	0
Cathy Ostiller Director	.50	0	0	0
Sarah de Diego Director	.50	0	0	0
Carmela Pagay Director	.50	0	0	0
Elissa Barrett Director	.50	0	0	0
Katherine Forster Director	.50	0	0	0
Kathleen McDowell Director	.50	0	0	0
Susan Alker Director	.50	0	0	0
Nicole Bershon Director	.50	0	0	0
Holly Fujie Director	.50	0	0	0
Judith Chirlin Director	.50	0	0	0
Lorna de Bono Director	.50	0	0	0
	.00	0	0	0