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Return of Organization Exempt From Income Tax

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

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

_					_		DE CLERAZI SANIES
<u>A</u>	For the	2012 calendar year, or tax year beginning and ending	<u>g</u>				
В	Check if applicabl	C Name of organization	P	Empl	loyer id	entific	ation number
X	Addre	LOS ANGELES SOCIAL VENTURE PARTNERS INC.					
Name change Doing Business As 51-0563566							
〒	Insteal	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite E	Telep	hone n	umber	
F	Termii		-				281-7509
\vdash	Amen	ded Oit Asset of Secretary and 710 and	G	Gross	receipts \$		358,736.
一	Applic		i ii	l(a) is t	his a gr	oup ref	turn
	pendii				affiliate		Yes X No
		13323 W. WASHINGTON BLVD., SUITE 203, LOS	AN H		all affilia		
ī	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527				ist. (see instructions)
_		te: HTTP: //WWW.LASVP.ORG/					number >
							State of legal domicile; CA
	antil	Summary				1	
		Briefly describe the organization's mission or most significant activities: ENGAGED	PHII	LANT	HROE	PY	
9		ORGANIZATION - SEE SCHEDULE O					
Governance	2	Check this box if the organization discontinued its operations or disposed of	more tha	an 25%	of its n	et ass	ets.
Ž	3	Number of voting members of the governing body (Part VI, line 1a)				3	9
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		•		4	9
oğ	1 _	Total number of individuals employed in calendar year 2012 (Part V, line 2a)				5	2
Activities	6	Total number of volunteers (estimate if necessary)			•	6	107
.≩	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			•	7a	0.
ĕ	Ь	Net unrelated business taxable income from Form 990-T, line 34				7b	0.
			T	Prior	Year		Current Year
_	8	Contributions and grants (Part VIII, line 1h)			08,20	00.	339,862.
Revenue	9	Program service revenue (Part VIII, line 2g)				40.	18,495.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2:	16.	379.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3(8,4	56.	358,736.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			L6,7		84,225.
•	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
,,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12	21,0	67.	139,699.
ě	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
Exnenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) > 38,886.	1.5.6	1 (100	22 37 .	The state of
, L	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			58,6		135,203.
1	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			06,5		359,127.
1	19	Revenue less expenses. Subtract line 18 from line 12			1,9		<391.>
, b			Begin	nina of	Current	$\overline{}$	End of Year
sets (20	Total assets (Part X, line 16) All 5 2013			06,9		190,604.
S S	21	Total liabilities (Part X, line 26)	-		22,7		6,784.
≧ (22	Net assets or fund balances. Subtract line 21 from line 20 /			34,2		183,820.
P	art (I	Signature Block					
Uni	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements	s. and to	the bes	t of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officers is based on all information of which pri				-	
_		X Man THOlony		T	X	8/1	5/13
Sig	ın	Signature of officer	-		Date		<u> </u>
He		DIANE HELFREY, EXECUTIVE DIRECTOR					
	-	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	te	Tc	heck	X PTIN
Pai	d	MICHAEL BERRY	8	74-1	2 11	elf-employe	- boot 50410
	parer	Firm's name MICHAEL BERRY, CPA		Ť	Firm's E		<u></u>
Use Only Firm's address PO BOX 5045							
	•	CULVER CITY, CA 90230			Phone n	10. 4	24-209-8821
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)					X Yes No

orm	990 (2012) LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 Page 2
اله	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	ENGAGED PHILANTHROPY - SEE SCHEDULE O
 !	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
}	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
,	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 are required to report the amount of grants and allocations to others, the total expenses, and
a	revenue, if any, for each program service reported. (Code) (Expenses \$45,363. including grants of \$30,000.) (Revenue \$
_	ENGAGED GRANTMAKING - SEE SCHEDULE O
lb	(Code) (Expenses \$173,943. including grants of \$54,225.) (Revenue \$18,495.
	SOCIAL INNOVATION FAST PITCH PROGRAM - SEE SCHEDULE O
lc	(Code) (Expenses \$24,012 . including grants of \$) (Revenue \$
	PHILANTHROPY DEVELOPMENT - SEE SCHEDULE O
	Other program assume (Describe to School de O.)
 4d	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 243,318.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	.		7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ا ا		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4_		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١Ť		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		ŀ	
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	7.20(0.00	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	COLUMN TO SERVE	AND 100	
a	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 1.4		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		.
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	 ''		 -
	complete Schedule G, Part III	19		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

232003 12-10-12

			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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		_ 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? If "Yes," complete			
	Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	10.25	18 C.
	instructions for applicable filing thresholds, conditions, and exceptions)	1	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i '	1
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	İ
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
-	Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_v
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	054		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	35b		
~•	If "Yes," complete Schedule R, Part V, line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	┢┸
			ľ	
		37	l	IX
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X

	Check if Schedule O contains a response to any question in this Part V			┟╌┦
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ.
٠	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	 	
	filed for the calendar year ending with or within the year covered by this return 2a 2			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	 4a		x
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	l	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		1
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>	_	 -
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		—
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ł
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u></u>	<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans		1	1
	Enter the amount of reserves on hand	1	1	
C				
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 Form 990 (2012) 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CA 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. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain in Schedule O)

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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DIANE HELFREY - 310-279-5029

13323 W. WASHINGTON BLVD., SUITE 203, LOS ANGELES, CA 90066

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

X

Page 7

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 organiz	(B)	Jiya	IIZA		<u>CO11</u> C)	ipen	Sale	(D)	(E)	(F)
Name and Title	Average	١.		Pos	ition			Reportable	Reportable	Estimated
Trains and Tras	hours per					than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	횮			Ì			the	organizations	compensation
	hours for	gie				B		organization	(W-2/1099-MISC)	from the
	related	ig	nster	<u>'</u>	Ì	E SE		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	Mgc	ctubo	Officer	Ē	ploye	Former			organizations
(1) CLAUDIA SANGSTER	1ine) 2.50	르	lus	동	æ	표를	ᅙ			
CHAIRMAN & PRESIDENT	2.50	x		x				0.	0.	0.
(2) ELIZABETH DENSMORE	5.60	Λ	\vdash	^		\vdash		<u> </u>		
SECRETARY	3.00	x		x				0.	0.	0.
(3) STEPHEN GRONER	1.70	^	┝	₽	┢	⊢		<u> </u>		
VICE CHAIRMAN	1.70	x		x				0.	0.	0.
(4) WENDY DRISCOLL	0.00	^	<u> </u>	≏	-	Н	-	<u> </u>	- 0.	
DIRECTOR	0.00	X	1	1				0.	0.	0.
(5) BRAD SPARKS	0.50	Ĥ	-	\vdash	⊢	⊢	-		- 0.	<u> </u>
TREASURER	0.50	X		x				0.	0.	0.
(6) ROB BINIAZ	1.50	-		Â	╁╌	\vdash				
DIRECTOR	1.30	x						٥.	0.	0.
(7) WAY-TING CHEN	1.70	-			\vdash					
ASSISTANT SECRETARY		x		x				٥.	0.	0.
(8) MARTA GAZZERA FERRO	2.90									
DIRECTOR		x						0.	0.	0.
(9) ELYSSA ELBAZ	1.00				П					
DIRECTOR		X					L	0.	0.	0.
(10) KEITH KEGLEY	0.20									
DIRECTOR		X						0.	0.	0.
(11) AMANDA SABICER	1.90									
DIRECTOR		X	L.					0.	0.	0.
(12) AMY JOHNSON	4.00]								
DIRECTOR		X						0.	0.	0.
(13) ALEJANDRO SOSCHIN	2.50] _	_				
DIRECTOR		X		$oxed{oxed}$			L_	0.	0.	0.
(14) KATHY YEUNG	1.70	1								
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	0.	0.	0.
(15) DIANE HELFREY	48.00	1					l	l		
EXECUTIVE DIRECTOR		\vdash	├	X	-	┝	<u> </u>	111,072.	0,	6,000.
		$\lceil \rceil$								
		┸	Щ.	L	1	Ь.	<u>L</u> .	L		5 000 (224.5)

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

Total revenue Related or control of the control of		<u> </u>		Check if Schedule O conta	ains a response	to any question in	this Part VIII			. —
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. > A 358,736. 18,495. 0. 379.	Ě			•	_	·L			- - -	
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 358,736. 18,495. 0. 379.	·	1			-		ļ <u></u> -			
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. b 358,736. 18,495. 0. 379.		9	а		ctivities, See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.					•	•				
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. 358,736. 18,495. 0. 379.					-	·				
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions.										
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. > 358,736. 18,495. 0. 379.		10	а	•	returns					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. > 358,736. 18,495. 0. 379.					•		-			
Miscellaneous Revenue Business Code 11 a		1		-	_	•[Ì			
11 a		_	C						 	ļ
b		<u> </u>	_	Miscellaneous Revenu	18	Business Code				
c d Ali other revenue e Total, Add lines 11a-11d		11						 		
d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > 358,736. 18,495. 0. 379.		1				 	 	 		
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 358,736. 18,495. 0. 379.			C					 		
12 Total revenue. See instructions. ► 358,736. 18,495. 0. 379.		1	d	•	•		 	 		
112 10tal revenue. See Instructions.		_ ا			••		358 736	18 405		270
	2320			total revenue. See Instructions.			1 330,130.	1 10,433.	<u> </u>	Form 990 (2012)

Sect	on 501(c)(3) and 501(c)(4) organizations must compo Check if Schedule O contains a response	lete all columns. All otherse to any question in this	e <u>r organizations must com</u> s Part IX	nplete column (A).	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	
	organizations in the United States. See Part IV, line 21	84,225.	84,225.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	117,072.	52,682.	39,805.	24,585.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,558.	3,274.	7,938.	1,346.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,069.	4,286.	3,802.	1,981.
11	Fees for services (non-employees)				
а	Management				
b	Legal L				
С	Accounting .				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				······································
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,620.	18,266.	4,505.	849.
12	Advertising and promotion	7,926.	4,400.	3,441.	85.
13	Office expenses	1,622.	640.	945.	37.
14	Information technology	5,047.	2,739.	1,760.	548.
15	Royalties	2,01,0	2,,,550	27,000	3401
16	Occupancy	14,585.	6,328.	5,468.	2,789.
17	Travel	2,765.	425.	1,872.	468.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,270.	691.	795.	784.
20	Interest	·			
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization				
23	Insurance	4,907.	2,125.	1,831.	951.
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)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM-RELATED EVENTS	57,450.	56,483.	119.	848.
a b	VIII DEPOSITO DITO	8,842.	4,188.	3,147.	1,507.
C	LOCAL TRANSPORTATION	2,403.	1,985.	253.	165.
d		1,447.	1,505.	38.	1,409.
	All other expenses	2,319.	581.	1,204.	534.
25	Total functional expenses. Add lines 1 through 24e	359,127.	243,318.	76,923.	38,886.
26	Joint costs. Complete this line only if the organization	000,121.	213,310.	, 5 , 5 2 3 .	30,000.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 42,727. 22,153. Cash - non-interest-bearing 153,185. 146,534. 2 Savings and temporary cash investments 16,583. 14,166. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other 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 instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 1,100. 1,100. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 10c Investments · publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 190,604. 206,944. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 2,733. 17 6.784. 17 20,000. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 22,733. 6,784. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 173,258. 168,516. 27 10,953. 15,304. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 184,211. 183,820. 33 Total net assets or fund balances 33 206,944 190,604. Total liabilities and net assets/fund balances

	990 (2012) LOS ANGELES SOCIAL VENTURE PARTNERS INC.	<u>51-</u> 0563	566	Page 12
Pa	t 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	358	,736.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,127.
3	Revenue less expenses. Subtract line 2 from line 1	3		391.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184	,211.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	183	,820.
Pa	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII .			X_
				Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual X Other SEE STAT		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	٠.		!
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a		
	separate basis, consolidated basis, or both		1.1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I	basis,		9
	consolidated basis, or both:			,
	Separate basis Doth consolidated and separate basis		1 1	}
С	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?	-	2c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sched			~,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audıt		
	Act and OMB Circular A-133?		3a_	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	<u> 3b </u>	200 (22 : : :
			Form 3	990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number 51-0563566 LOS ANGELES SOCIAL VENTURE PARTNERS INC. 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) 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, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) Is the (i) Name of supported (v) Did you notify the (ii) EIN (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the support above or IRC section governing document? (i) of your support? US? (see instructions)) Yes No Yes No Yes Nο

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Schedule A (Form 990 or 990-EZ) 2012

232021

Schedule A (Form 990 or 990-EZ) 2012 LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	340,817.	195,899.	269,190.	308,200.	339,862.	1453968.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			-			
4	Total. Add lines 1 through 3	340,817.	195,899.	269,190.	308,200.	339,862.	1453968.
5	The portion of total contributions						
	by each person (other than a	-					
	governmental unit or publicly	,					
	supported organization) included		,		i		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	,				'	
	column (f)						82,390.
	Public support. Subtract line 5 from line 4]					1371578.
	ction B. Total Support		, - · · · · · · · · · · · · · · · · · ·			1	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4	340,817.	195,899.	269,190.	308,200.	339,862.	1453968.
8	Gross income from interest,	,					
	dividends, payments received on						
	securities loans, rents, royalties	1 224	1 664	105	016	250	2 640
_	and income from similar sources	1,234.	1,664.	125.	216.	379.	3,618.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				 		1457506
	Total support. Add lines 7 through 10		L		L		1457586.
12	•	• • • • • • • • • • • • • • • • • • • •	•			12	50,745.
13	First five years. If the Form 990 is for organization, check this box and stop	_	s tirst, secona, tnir	a, tourth, or titth ta	ix year as a section	1 501(c)(3)	
Sec	ction C. Computation of Publi	ic Support Per	centage		·		
14	Public support percentage for 2012 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	94.10 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14		••	15	94.34 %
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box or	n line 13, and line [.]	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	•			\triangleright X
t	33 1/3% support test - 2011. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation .			ightharpoons
17a	10% -facts-and-circumstances test	t - 2012. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	_			•		. ▶□
t	10% -facts-and-circumstances test						
	more, and if the organization meets the				•		9
	organization meets the "facts-and-circ						▶□
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>
					Sche	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 [Partill] 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

Sec	tion A. Public Support	now, piease com	piete Fait II.)		,		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						1
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		†			 	-
7	ization's benefit and either paid to						
				4			
_	or expended on its behalf						
5	The value of services or facilities	l	İ				
	furnished by a governmental unit to	ı					
	the organization without charge		 	ļ .	<u> </u>		<u> </u>
6	Total. Add lines 1 through 5		<u> </u>		 		
7a	Amounts included on lines 1, 2, and	ı					
	3 received from disqualified persons		ļ		<u> </u>	_	
b	Amounts included on lines 2 and 3 received	ı		1			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			ļ			
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support					<u>l</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties and income from similar sources					1	
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·		+	<u> </u>			
11	Add lines 10a and 10b Net income from unrelated business	<u> </u>		<u> </u>			
••	activities not included in line 10b,						
	whether or not the business is						
4-	regularly carried on			ļ		1	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		<u>.</u>				
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, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiza	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2012 (I	ne 8, column (f) o	divided by line 13, o	column (f))		15	9
16	Public support percentage from 2011	Schedule A, Par	t III, line 15		<u> </u>	16	9
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, coli	ımn (f) divided by li	ne 13, column (f))		17	9
18	Investment income percentage from				•	18	9
	33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box ar	_					▶□
J.	33 1/3% support tests - 2011. If the	•	-		•		. ► ∟
C	• •	_					. —
20	line 18 is not more than 33 1/3%, che		-	·		=	~
	Private foundation. If the organization	n did not check a	A DOX ON IINB 14, 18	a, or 190, check t		•	000 571 000
23202	23 12-04-12				Sc	:hedule A (Form 99	JU OF 99U-EZ1 20°

Employer identification number Open to Public OMB No 1545-0047 Inspection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2 | 51-0563566 (h) Purpose of grant or assistance CAPACITY BUILDING X Yes SENERAL SUPPORT SENERAL SUPPORT PENERAL SUPPORT BENERAL SUPPORT HENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) : ó ď ٠. ٥. ٠. 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. LOS ANGELES SOCIAL VENTURE PARTNERS INC. (d) Amount of 20,000 10,000, 15,000, 10,000, 5,000 5,000, cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section ıf applıcable 56-2565503 B01(C)(3) 20-0672173 501(C)(3) 52-0888113 501(C)(3) 23-7360521 501(C)(3) 95-1782304 501(C)(3) 94-3341034 501(C)(3) General Information on Grants and Assistance (p) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization SOUTH BAY CENTER FOR COUNSELING 360 SEPULVEDA BLVD., STE. 2075 900 CENTER FOR COMMUNITY CHANGE 3530 WILSHIRE BLVD., STE. MANHATTAN BEACH, CA 90266 2711 SEPULVEDA BLVD. #279 or government CONVALESCENT AID SOCIETY 3255 EAST FOOTHILL BLVD. LOS ANGELES, CA 90016 FIRST PLACE FOR YOUTH LOS ANGELES, CA 90021 EL SEGUNDO, CA 90245 WASHINGTON, DC 20009 CA 91107 SYNERGY ACADEMIES P.O. BOX 78999 1536 U ST. NW GROWINGGREAT PASADENA, Part Part

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2012)

Page 1	
51-0563566	
	(Schedule I (Form 990), Part II.)
LOS ANGELES SOCIAL VENTURE PARTNERS INC.	er Assistance to Governments and Organizations in the United States (Schedule I (Form
le I (Form 990) LOS ANGEI	Continuation of Grants and Other Assistance

Partil Continuation of Grants and Other Assistance to Governments	Assistance to Gov	Arants and Other Assistance to Governments and Organizations in the Unite	izations in the Un	ited States (Sch	and Organizations in the United States (Schedule I (Form 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCA DEVELOPMENT CORP. 566 S. SAN PEDRO ST. LOS ANGELES, CA 90017	20-4330152 501(C)(3)	201(C)(3)	.000,2	•0			
							Schedule I (Form 990)

LOS ANGELES SOCIAL VENTURE PARTNERS INC.

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Page 2

51-0563566

Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) I ype of grant of assistance	(b) Number of recipients	(c) Amount or cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	-				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e the information	required in Part I, III	ne 2, Part III, column	(b), and any other additional info	mation.
SCHEDULE I, PART I, LINE 2: FOR MULT	FOR MULTI-YEAR	GRANTEES,	GROWINGGREAT	AT AND	
SYNERGY ACADEMIES, LASVP DEVELOPS AN	ANNUAL PLANS	THAT	OUTLINE THE	GOALS,	
MILESTONES AND TIMING OF CAPACITY-BUILDING		CNITIATIVE	INITIATIVES THAT LASVP'S	7P'S GRANT	
FUNDS AND VOLUNTEER ASSISTANCE SUPPORT.		BECAUSE LASVP	LASVP WORKS VERY	CLOSELY	
WITH THE LEADERSHIP TEAM OF THESE GI	GRANTEES,	PROGRESS	PROGRESS AGAINST THESE	SSE	
INITIATIVES IS MONITORED THROUGH MEETINGS		ND INTERIM	AND INTERIM REPORTS THROUGHOUT	ноисноит	
THE YEAR, AND FORMALLY EVALUATED BY	LASVP'S	GRANT COM	COMMITTER AT 1	THE END OF	
THE GRANT PERIOD. PROGRESS AGAINST 1	THE ANNUA	ANNUAL PLANS IS	Ø	KEY DETERMINANT	
FOR REFUNDING. OTHER GRANTEES LISTEI	AS C	GENERAL OPERATING		SUPPORT ARE	

Schedule I (Form 990) LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 Page 2 Part, IV Supplemental Information
THOSE WHO HAVE PARTICIPATED IN LASVP'S 2012 SOCIAL INNOVATION FAST PITCH
PROGRAM. THE GRANTS ARE AWARDS GIVEN TO TOP-PERFORMING NONPROFITS IN THE
PROGRAM, AND LASVP MONITORS HOW THE GRANT FUNDS AND PROGRAM PARTICIPATION
HAVE MADE A DIFFERENCE TO THE RECIPIENTS BY ADMINISTERING PERIODIC SURVEYS
AND CAPTURING THE ORGANIZATIONS' SUCCESS STORIES.
SCHEDULE I, PART II, COLUMN 1(G):
IN ADDITION TO CASH GRANTS, LASVP PROVIDES SIGNIFICANT NON-CASH
ASSISTANCE TO THESE AND OTHER 501(C)(3) ORGANIZATIONS IN THE FORM OF
STRATEGIC VOLUNTEER ASSISTANCE. PLEASE SEE NARRATIVE ON FORM 990 PART
III, STATEMENT OF PROGRAM AND SERVICE ACCOMPLISHMENTS.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Name of the organization

LOS ANGELES SOCIAL VENTURE PARTNERS INC.

Employer identification number 51-0563566

FORM 990, PART I, QUESTION 1:
LOS ANGELES SOCIAL VENTURE PARTNERS (LASVP) IS AN AFFILIATE OF SOCIAL
VENTURE PARTNERS INTERNATIONAL (SVPI), AND IMPLEMENTS A MODEL OF
ENGAGED PHILANTHROPY. LASVP'S MISSION IS TO CREATE SIGNIFICANT,
LONG-TERM SOCIAL CHANGE IN LOS ANGELES BY ACHIEVING A DUAL MISSION:
EXPANDING THE CAPACITY OF INNOVATIVE NONPROFITS BY INVESTING OUR TIME,
EXPERTISE, AND MONEY TO COLLABORATIVELY STRENGTHEN THESE ORGANIZATIONS,
AND EXPANDING PHILANTHROPY BY EDUCATING INDIVIDUALS TO BE
WELL-INFORMED, EFFECTIVE AND ENGAGED PHILANTHROPISTS.
FORM 990, PART III, QUESTION 1:
LASVP IS AN AFFILIATE OF SVPI, AND IMPLEMENTS A MODEL OF ENGAGED
PHILANTHROPY. LASVP'S MISSION IS TO CREATE SIGNIFICANT, LONG-TERM
SOCIAL CHANGE IN LOS ANGELES BY ACHIEVING A DUAL MISSION: EXPANDING THE
CAPACITY OF INNOVATIVE NONPROFITS BY INVESTING OUR TIME, EXPERTISE, AND
MONEY TO COLLABORATIVELY STRENGTHEN THESE ORGANIZATIONS, AND EXPANDING
PHILANTHROPY BY EDUCATING INDIVIDUALS TO BE WELL-INFORMED, EFFECTIVE
AND ENGAGED PHILANTHROPISTS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
ENGAGED GRANTMAKING:
IN 2012, LASVP SUPPORTED GROWINGGREAT, LOS ANGELES DIAPER DRIVE, AND
SYNERGY ACADEMIES WITH FINANCIAL AND/OR VOLUNTEER ASSISTANCE. THESE
ORGANIZATIONS (REFERRED TO AS INVESTEES) RECEIVE VOLUNTEER ASSISTANCE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 ON EXECUTIVE COACHING AND LEADERSHIP DEVELOPMENT, STRATEGIC AND FINANCIAL PLANNING, PROGRAM EXPANSION, BOARD DEVELOPMENT, MARKETING, WEBSITE DEVELOPMENT, FUNDRAISING AND OTHER AREAS. OVER 30 MEMBERS (REFERRED TO AS PARTNERS OF LASVP) VOLUNTEERED THEIR TIME TO WORK DIRECTLY WITH OUR INVESTEES ON STRATEGIC INITIATIVES, TO LEVERAGE THEIR NETWORKS TO BRING ADDITIONAL FINANCIAL OR PRO-BONO RESOURCES TO BENEFIT OUR INVESTEES, OR TO PARTICIPATE IN THE DUE DILIGENCE PROCESSES FOR NEW INVESTEES OR REINVESTMENTS. COLLECTIVELY, LASVP'S MEMBERS VOLUNTEERED APPROXIMATELY 750 HOURS IN GRANTEE-RELATED WORK. FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: SOCIAL INNOVATION FAST PITCH PROGRAM: LASVP'S MEMBERS, EXPERIENCED IN FUNDING FOR-PROFIT VENTURES, RECOGNIZED A GAP IN LOS ANGELES'S NONPROFIT LANDSCAPE - THERE WAS NO FORUM FOR NON-PROFIT ENTREPRENEURS TO PITCH THEIR IDEAS TO POTENTIAL SUPPORTERS. LASVP'S SOLUTION: THE SOCIAL INNOVATION FAST PITCH. 2012 WAS THE FIFTH YEAR THAT LASVP IMPLEMENTED THIS CAPACITY BUILDING PROGRAM. OVER TWO MONTHS, LEADERS FROM 20 INNOVATIVE NONPROFITS COMPLETED THE PROGRAM DURING WHICH THEY RECEIVED TRAINING, FEEDBACK AND MENTORING ON HOW TO SUCCINCTLY AND POWERFULLY TELL THEIR STORY IN A 3-MINUTE "ELEVATOR PITCH". FORTY-TWO EXPERIENCED BUSINESS PROFESSIONALS, INCLUDING LASVP PARTNERS, SERVED AS VOLUNTEER COACHES. OTHER LASVP PARTNERS ASSISTED IN COORDINATING THE PROGRAM OR VOLUNTEERING AT THE EVENT. IN TOTAL, APPROXIMATELY 1,800 VOLUNTEER HOURS WERE CONTRIBUTED TO THE PROGRAM. THE PROGRAM'S FINAL EVENT WAS HELD AT THE SABAN THEATRE, WHERE 10

FINALISTS MADE THEIR PITCH BEFORE A PANEL OF JUDGES AND AN AUDIENCE OF

OVER 500 PHILANTHROPISTS, INVESTORS, BUSINESS AND NON-PROFIT LEADERS,

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LOS ANGELES SOCIAL VENTURE PARTNERS INC.	Employer identification number 51-0563566								
AND OTHER MEMBERS OF LOS ANGELES'S ENTREPRENEURIAL COMMUNITY. 97% OF									
EVENT ATTENDEES INDICATED THAT THE FAST PITCHES WERE "GOOD OR									
EXCELLENT", AND 99% INDICATED THE PITCHES WERE INFORMATIVE. \$59,225 IN									
CASH AND IN-KIND AWARDS WERE DISTRIBUTED, BUT IN LINE WITH LASVP'S									
ENGAGED PHILANTHROPY MODEL, THE PARTICIPANTS CONSISTENTLY RATED THE									
VALUE OF THE COACHING, VISIBILITY, AND CONNECTIONS AS FAR GREATER THAN									
THE GRANTS AT STAKE. OF THE NONPROFITS THAT RESPONDED TO OUR SURVEY,									
100% INDICATED THAT THE PROGRAM'S VALUE WAS WELL WORTH THE TIME THEY									
SPENT ON IT. SINCE THE PROGRAM BEGAN IN 2008, FAST PITCH "ALUMNI" HAVE									
RAISED WELL MORE THAN \$740,000 THAT THEY ATTRIBUTE TO THEIR FAST PITCH									
EXPERIENCE. IN ADDITION, THE PROGRAM IS NOW BEING REPLICATED IN									
VARIOUS WAYS BY 8 OTHER SVP CHAPTERS IN THE U.S. AND CANADA.									

PHILANTHROPY DEVELOPMENT:

LASVP EDUCATES AND ENABLES PARTNERS AND PROSPECTIVE PARTNERS TO BECOME

MORE INFORMED AND EFFECTIVE DONORS. WE HOST WORKSHOPS AND SEMINARS

WHERE PEOPLE LEARN FROM EACH OTHER, FROM NONPROFIT PROFESSIONALS, AND

FROM SUBJECT-MATTER EXPERTS. SOME OF THE MOST HIGH-IMPACT LEARNING

EXPERIENCES FOR PARTNERS ARE PARTICIPATING IN THE GRANTMAKING PROCESS,

VOLUNTEERING ON CAPACITY-BUILDING PROJECTS WITH GRANTEES, OR COACHING A

SOCIAL ENTREPRENEUR IN THE FAST PITCH PROGRAM. BASED ON THE MOST

RECENT SURVEY OF LASVP'S PARTNERS, 68% INDICATED THAT THEIR ANNUAL

GIVING TO CHARITABLE CAUSES HAS INCREASED SINCE JOINING LASVP, AND 76%

INDICATE THAT LASVP HAS INFLUENCED THEIR GIVING LEVEL. FOR EXAMPLE, A

NUMBER OF OUR PARTNERS HAVE MADE DIRECT PERSONAL CONTRIBUTIONS TO THESE

AND OTHER NONPROFITS THEY LEARNED ABOUT THROUGH OUR DUE DILIGENCE

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization Employer identification number LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 PROCESS AND OTHER PROGRAMS. WE ESTIMATE THESE ADDITIONAL CONTRIBUTIONS OVER TIME TO TOTAL MORE THAN \$1,725,000. PARTNERS ALSO INDICATE THAT THEY HAVE BECOME MORE INVOLVED IN THE COMMUNITY AT LARGE, AND 85% SAY LASVP HAS HAD AN INFLUENCE ON THIS. THE SURVEY RESULTS ALSO INDICATE THAT PARTNERS ARE EMPLOYING A WIDER VARIETY OF DECISION-MAKING PRACTICES CONSIDERED BY THE PHILANTHROPIC COMMUNITY TO BE "STRATEGIC" IN NATURE, SUCH AS USING FORMAL SELECTION AND EVALUATION PROCESSES, AND FUNDING NONPROFIT INFRASTRUCTURE. FORM 990, PART VI, SECTION A, LINE 6: ACCORDING TO LASVP'S BYLAWS, THE ORGANIZATION'S DONORS WHO MAKE MINIMUM ANNUAL FINANCIAL CONTRIBUTIONS TO LASVP AT LEVELS ESTABLISHED BY THE BOARD OF DIRECTORS ARE CONSIDERED "MEMBERS" OF THE CORPORATION, ALSO KNOWN AS "PARTNERS". FORM 990, PART VI, SECTION A, LINE 7A: ACCORDING TO LASVP'S BYLAWS, THE ORGANIZATION'S MEMBERS (OR PARTNERS) HAVE THE RIGHT TO ELECT, APPOINT, OR REMOVE ANY DIRECTOR OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 7B: LASVP'S MEMBERS (OR PARTNERS) HAVE THE RIGHT TO VOTE ON DECISIONS OR RECOMMENDATIONS MADE BY THE BOARD OF

THE RIGHT TO VOTE ON DECISIONS OR RECOMMENDATIONS MADE BY THE BOARD OF
DIRECTORS, INCLUDING MATTERS SUCH AS BUT NOT LIMITED TO: AMENDING,
ALTERING, OR REPEALING THE BYLAWS, ARTICLES OF INCORPORATION, OR BOARD
RESOLUTIONS; PLANS FOR CORPORATE MERGERS, CONSOLIDATIONS OR DISSOLUTIONS;
AND THE SALE, LEASE, OR EXCHANGE OF SIGNIFICANT ASSETS OF THE CORPORATION
NOT IN THE ORDINARY COURSE OF BUSINESS.

FORM 990, PART VI, SECTION A, LINE 8B: LASVP'S EXECUTIVE COMMITTEE IS THE

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01-04-13
Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 ONLY COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE MEETS AS NEEDED AND DID NOT HOLD ANY COMMITTEE MEETINGS IN 2012. FORM 990, PART VI, SECTION B, LINE 11: THE INITIAL DRAFT OF THE RETURN IS REVEIWED BY THE EXECUTIVE DIRECTOR. UPON CHANGES MADE BY THE CPA FIRM (IF ANY) AND RESOLUTIONS OF ANY QUESTIONS RAISED DURING THIS REVIEW, THE EXECUTIVE DIRECTOR THEN FORWARDS THE UPDATED DRAFT FORM 990 AND SIGNIFICANT SCHEDULES TO THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. BOARD MEMBERS AND EXECUTIVE COMMITTEE MEMBERS ARE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD THEIR QUESTIONS OR COMMENTS TO THE EXECUTIVE DIRECTOR. BITHER THE EXECUTIVE DIRECTOR OR THE CPA FIRM ADDRESSES THE QUESTIONS FROM THE BOARD AND THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: IN THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE CONFLICT OF INTEREST POLICY IS REVIEWED ALONG WITH THE BOARD MEMBER'S CIRCUMSTANCES TO DETERMINE IF IN FACT SUCH A CONFLICT EXISTS. IF IT IS DETERMINED THAT SUCH CONFLICT OF INTEREST DOES EXIST, THE BOARD WILL DISCUSS THE MATTER OUTSIDE THE PRESENCE OF THE PARTY WHOSE INTEREST IS THE BASIS FOR SUCH CONFLICT AND WILL MAKE ITS DECISIONS WITHOUT THE INPUT OR VOTE OF SUCH PARTY. THE PROCESS AND VOTE ARE REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 15A: ALL EMPLOYMENT AGREEMENTS AND COMPENSATION ARRANGEMENTS ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS

AND A THOROUGH PERFORMANCE REVIEW. ALL EMPLOYMENT AGREEMENTS, WHEN 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

AND ADJUSTED BASED ON THE MUTUALLY AGREED SCOPE OF SERVICES TO BE RENDERED

Name of the organization **Employer identification number** LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 UTILIZED, ARE NEGOTIATED ON AN ARM'S LENGTH BASIS, IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. STEPS ARE TAKEN TO ENSURE COMPENSATION IS CONSISTENT WITH THE FAIR MARKET VALUE FOR SUCH ARRANGEMENT BY COMPARING THE COMPENSATION OF EMPLOYEES IN THE NONPROFIT SECTOR PROVIDING SIMILAR SERVICES (E.G., OTHER SOCIAL VENTURE PARTNER AFFILIATES AROUND THE COUNTRY, INDUSTRY COMPENSATION SURVEYS, OR SIMILAR) WITH COMPARABLE LEVELS OF EXPERIENCE AND EXPERTISE. FEE ARRANGEMENTS FOR INDEPENDENT CONTRACTORS ARE NEGOTIATED ANNUALLY AND WITHIN A COMPETITIVE MARKET ENVIRONMENT FOR FIRMS OFFERING SIMILAR SERVICES. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 (OR FORM 990-EZ) ARE AVAILABLE ON THIRD-PARTY WEBSITES SUCH AS GUIDESTAR (WWW.GUIDESTAR.ORG). ADDITIONALLY, LASVP MAKES ITS FORMS 990 (EXCLUDING NON-PUBLIC INFORMATION ON SCHEDULE B) AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: IN ADDITION TO THE FORMS 990 AND 1023, LASVP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. WE RESERVE THE RIGHT TO CHARGE A REASONABLE COPYING FEE PLUS ACTUAL POSTAGE FOR MULTIPLE COPIES REQUESTED FROM THE SAME INDIVIDUAL OR RELATED GROUP OF INDIVIDUALS. FORM 990, PART VI, SECTION B, QUESTION 15 (B) THERE ARE CURRENTLY NO OTHER OFFICERS OR KEY EMPLOYEES RECEIVING COMPENSATION.

FORM 990, PART VII, SECTION A, QUESTION 1A:

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization LOS ANGELES SOCIAL VENTURE PARTNERS INC.	Employer identification number 51-0563566
THE FOLLOWING DIRECTORS SERVED A TERM THAT ENDED JANUARY 2	012: BRAD
SPARKS, WENDY DRISCOLL, ELYSSA ELBAZ, AND KEITH KEGLEY. AD	DITIONALLY,
ROB_BINIAZ, SERVED ON THE BOARD UNTIL JUNE, 2012.	
FORM 990, PART IX, QUESTION 25, COLUMN (C):	
IN 2012, LASVP'S MANAGEMENT AND GENERAL EXPENSES WERE HIGH	ER BECAUSE
STAFF SPENT A SIGNIFICANT AMOUNT OF TIME WORKING WITH LASV	P PARTNERS ON
A LONG-TERM STRATEGIC PLAN AND ALSO ON ENHANCING INTERNAL	AND EXTERNAL
COMMUNICATIONS CAPABILITIES. ADDITIONAL PROJECT MANAGEMENT	AND
FACILITATION RESOURCES WERE SECURED FROM POINT B CONSULTIN	G, A
MANAGEMENT CONSULTING COMPANY, ON A PRO-BONO BASIS.	
FORM 990, PART XII, QUESTION 1:	
THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING FOR	ITS
CONTRIBUTIONS AND GRANTS RECEIVED, AS WELL AS, GRANTS TO E	BE MADE. ALL
OTHER CASH RECEIPTS AND DISBURSEMENTS ARE RECORDED ON CASH	BASIS OF
ACCOUNTING.	
FORM 990:	
DUE TO SOFTWARE LIMITATIONS, THE FOLLOWING QUESTIONS HAVE	BEEN ANSWERED
"NO" OR LEFT BLANK, BUT SHOULD HAVE BEEN ANSWERED "N/A":	
PART IV, QUESTION 11(F)	
PART V, QUESTIONS 7 (G), (H)	
PART V, QUESTIONS 8 THROUGH 13	
PART VI, QUESTION 15(B)	
232212 01-04-13 Sched	dule O (Form 990 or 990-EZ) (2012)

			90-EZ) (20	012)					Page 2
Name of	the organ	nization	LOS	ANGELES	SOCIAL	VENTURE	PARTNERS	INC.	Employer identification number 51-0563566
PART	XII,	QUE	STION	3(A)					
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Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (not page 2 of this form). Do not complete part II unless you have already been granted an automatic3-month extension on a previously filed From 8858. Bectrone filing (p. filig). You can dectrone all yill be provided to the form second filing (p. filig). You can dectrone all yill be provided to the form second filing (p. filig). You can dectrone all yill be provided to the form second filing (p. filig). You can dectrone all yill be provided to the form second filing (p. filing). You can dectrone filing (p. filing). You can dectrone filing (p. filing). You can dectrone filing of the form second filing of the filing	• If you	are filing for an Automatic 3-Month Extension, complet	e only Par	t I and check this box		•	X
20 not complete Part I unless you have already been granted an automatic 3-month extension on a previously filed Form BB88. Heachtonic filling (-6, 6)). You can electroncally file Form 890 T, or an additional (not automatic) 3-month extension of time. You can electronically file Form 890 T, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8968 to request an extension of time to file any of the forms listed in Part for Part II with the exception of Form 8070, Information Return for Transfurs Associated With Certain Personal Beamfilt Contracts, which must be sent to the list in part personal planetic Contracts, which must be sent to the list in part personal planetic Contracts, which must be sent to the list in special years, as overfette and clek on a file for Chambes A Mongroffile. **Return and the Comporations (including 1120 C filers), partnerships, REMICs, and Irusts must use Form 7004 to request an extension of time on the return activities. **Part I only** **With Contracts and Transfurs (Including 1120 C filers), partnerships, REMICs, and Irusts must use Form 7004 to request an extension of time to the income tax returns. **Proper or Including 1120 C filers), partnerships, REMICs, and Irusts must use Form 7004 to request an extension of time to the income tax returns. **DOS ANGELES SOCIAL VENTURE PARTINERS INC.** **Social security number (SNN)** **33.33 W. WASHINGTON BLVD.**, NO. 203 **Contracts and room or suite no. If a PC. Dox, see instructions. **LOS ANGELES SOCIAL VENTURE PARTINERS INC.** **Social security number (SNN)** **DOS ANGELES SOCIAL VENTURE PARTINERS INC.** **Social security number (SNN)** **Social se	•	-	•	• •	his form).		
Electronic filing (e-filig). You can electronically file Form 8888 if you need a 3-month automatic extension of time to filip any of Form 8908 its request on the form 8907, in an additional filip automatical a material formation of times to filip any of the forms lated in Part to Part II with the exception of Form 8970, information Return for Transfers Associated With Certain Pageonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, and which contracts are the sent to the IRS in paper format (see instructions). **Contracts** **Automatic 3-Month Extension of Time.** **Automatic 6 resemble organization or other filer, see instructions.** **Dispet or print in the filip or of exempt organization or other filer, see instructions.** **LOS ANGELES SOCIAL VENTURE PARTINERS INC.** **Dispet or print in the filip or of exempt organization or other filer, see instructions.** **LOS ANGELES SOCIAL VENTURE PARTINERS INC.** **Social security number (SSN) inspection in the filer or of exempt organization or other filer, see instructions.** **LOS ANGELES COCIAL VENTURE PARTINERS INC.** **Social security number (SSN) inspection or such or of such or of such and such as a separate application for each return) **Dispetition** **LOS ANGELES COCIAL VENTURE PARTINERS INC.** **Social security number (SSN) inspection or such or of such as a separate application for each return) **Dispetition** **LOS ANGELES COCIAL VENTURE PARTINERS INC.** **Social security number (SSN) inspection or of such as a separate application for each return) **Dispetition** **Dispetition** **LOS ANGELES COCIAL VENTURE PARTINERS INC.** **Dispetition** **LOS ANGELES COCIAL VENTURE PARTINERS INC.** **Dispetition** **Dispetition** **Dispetition**	•	•	•		•	m 8868.	
recurred to file Form 990-T), or an additional flort automatic) 3-month extension of time. You can electronically file Form 8988 to request an extension of time to file any of the forms lated in Part to Part II with the exception of Form 8870. (Information Return for Transfers Asset With Certain Page 2012) and the file of the fi				· · · · · · · · · · · · · · · · · · ·	•		oration
It first to file any of the forms listed in Part I for Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Peaconal Benefic Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, and wave in contracts which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, and wave in contracts and contracts. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Automatic 3-Month Extension of Time. Only submit original (no copies needed). Automatic 3-Month Extension of Time. Only submit original (no copies needed). Automatic 3-Month Extension of Time. Only submit original (no copies needed). Automatic 3-Month Extension or other files, see instructions. LOS ANGELIES SOCIAL VENTURE PARTINERS INC. Social security number (SIN) or print. LOS ANGELIES SOCIAL VENTURE PARTINERS INC. Social security number (SIN) or print. LOS ANGELIES SOCIAL VENTURE PARTINERS INC. Social security number (SIN) or print. LOS ANGELIES, CA 90066 Enter the Return code for the return that this application is for (file a separate application for each return) Return Los ANGELIES, CA 90066 Enter the Return code for the return that this application is for (file a separate application for each return) Return Los ANGELIES, CA 90066 Enter the Return code for the return that this application is for (file a separate application for each return) Return Los ANGELIES, CA 90066 Enter the Return code for the return that this application is for file as separate application for each return) Return Los ANGELIES, CA 90066 Enter the Return code for the return that this application is for file see and the case of page 1 form 990-EZ O1 Form 990					-	•	
Pageonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, instity working over the page of the				•		•	
Automatics 3-Months Extension of Times Only submit original (no copies needed).			-				
Automatic 3-Month Extension of Time. Only submit original (no copies needed).			•	indiad actions, it of more detaile of	0.001.	one many or and re	,
Part I only				ubmit original (no copies nee	ded).		
Application Return A corpo	ration required to file Form 990-T and requesting an autom	natic 6-moi	nth extension - check this box and co	omplete			
or file income tax returns Name of exempt organization or other filer, see instructions. LOS ANGELES SOCIAL VENTURE PARTNERS INC. 51-0563566 Number, street, and room or suite no. If a P.O. box, see instructions. 13323 W. WASHINGTON BLVD., NO. 203 City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90066 Enter the Return code for the return that this application is for (file a separate application for each return) IOS ANGELES, CA 90066 Enter the Return code for the return that this application is for (file a separate application for each return) Return late of Code late of Code late of Code late of Code late of Code late of Code late for Code late of Code late	Part I on	l y		· ·· ·			• 🔲
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DIANE HELFREY - 13323 W. WASHINGTON BLVD., SUITE 203 - The books are in the care of ▶ LOS ANGELES, CA 90066 Telephone No. ▶ 310-279-5029 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2012 or ▶ 1 tax year beginning , and ending . 2 If the tax year entered in line 1 is for less than 12 months, check reason initial return Final return Change in accounting period 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	Form 99	0-PF	04	Form 5227			10
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