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· Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

बाह्यण्डः व्यवस्तूष्टे व्यवस्थान

	r Or alle Zi	U I J Calein	dar year, or tax year beginning , 2015, and ending	<u> </u>			,	
B	Check if app	licable	C		D Employ	er Identi	ification Number	
	Address	change	L.A. Voice		95-4	1781	974	
	Name o		760 S. Westmoreland Ave. #336		E Telepho			
	Initial re	-	Los Angeles, CA 90005		(21)	2) 2	04-7404	
	\vdash				121.	3) 3	<u>84-7404</u>	
	Termina		·		_		.	
	\vdash	ed return			G Gross re			<u>537.</u>
	Applica	tion pending	Buchary noover		a group returi		□	X No
			Dume_11D G 12DG1C	וו Are all ', If 'No	subordinates attach a list.	includei (see ins	d? Yes	∐ No
1_	Tax-exem	pt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
J_	Website	e:► ww	w.lavoicepico.org	H(c) Group	exemption nu	mber P	-	
ĸ	Form of o	rganization	X Corporation Trust Association Other ► L Year of formation	n 2000	0 Mis	tate of I	egal domicile CA	
TO:	Till S	Summar	ν					
	1 Brie	efly descri	be the organization's mission or most significant activities: To transf	form L	os Ang	eles	into a c	itv
•	! + h	at ref	lects the human dignity of all communities, es	pecial	lly the	SE T	in greates	:t = =1
ဦ	ne		le are an interfaith, community organization th					<u> </u>
Governance	di		backgrounds to improve the quality of life for					
ē	2 Che	eck this bo	ox I if the organization discontinued its operations or disposed of mo	re than 2	5% of its	net as	sets	
Ö	3 Nur		oting members of the governing body (Part VI, line 1a)			3		6
ø5	4 Nur	mber of in	dependent voting members of the governing body (Part VI, line 1b)			4		6
<u>.</u>	5 Tot	al numbei	r of individuals employed in calendar year 2013 (Part V, line 2a)			5		12
Activities &	6 Tot	al number	r of volunteers (estimate if necessary)			6		400
Æ			ed business revenue from Part VIII, column (C), line 12	•		7 a		0.
	b Net	t unrelated	d business taxable income from Form 990-T, line 34		•	7b		0.
				P	rior Year		Current Yo	ear
₹.	8 Cor	ntributions	s and grants (Part VIII, line 1h)		693,8	23.	635	,439.
₩.	9 Pro	ogram sen	vice revenue (Part VIII, line 2g)				22	,500.
Revenue	10 Inv	estment ii	ncome (Part VIII, column (A), lines 3, 4, and 7d)		1	80.		85.
₹ ₹	11 Oth	ner revenu	ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,4	79.		513.
	12 Tot	tal_revenue	e—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		724,4	82.	658	,537.
2			imilar amounts paid (Part IX, column (A), lines 1-3)					
-	14 Bei	nefits paid	to or for members (Part IX, column (A), line 4)					
)	15 Sal	laries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		256,9	43.	424	,268.
Expenses	16a Pro		รับที่ รับที่ รับที่ รับที่ รับที่ รับที่ รับที่ รับที่ เลย 11e)					<u> </u>
; <u> </u>	b To	11	- 1 Project - 1		-,			. 71
	D 101					أسنس		
, –	17 Ott		ses-(Part-IX, column-(A), lines-1-1a-11d, 11f-24e)		249,9			<u>,213.</u>
	1		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		506,8			<u>,481.</u>
	19 Re	venue les	s expenses. Subtract line 18 from line 12		217,5	94.		<u>,056.</u>
9 5				Beginnir	ng of Curren	t Year	End of Ye	ar
	20 Tot		(Part X, line 16)		743,4		725	,815.
A A	21 Tot	tal liabilitie	es (Part X, line 26)		4,5	80.		422.
Ž		t assets o	r fund balances. Subtract line 21 from line 20		738,8	92.	725	, 393.
P	aftil E	Signatu	re Block	-/				
_				he best of m	ny knowledae	and bei	lief, it is true, correct	. and
com	plete Declar	ation of prep	lectare that I have examined this return, including accompanying schedules and statements, and to t arer (other than officer) is based on all information of which preparer has any knowledge				,	,
			· Wall					
Si	gn	Signati	ure of officer	Da		Τ		
He	ere		Zachdry Hoover, Executive Director		10/30	/201	14	
		Type o	r print name and title					
		Print/Type	preparer's name Preparer's signature, Date	1 1	Check	rf	PTIN	
_	.:	1 "	Kaneda Udele Kaneda 10/24	114	-	_	P01664922	
	aid		Raneda		self-employ	eu i	F01664322	
	reparer se Only	Firm's nam	<u> </u>			- 37 /	· 3.	
U:	oc Only	Firm's add			Firm's EIN			
			Oakland, CA 94612-2151		Phone no	<u>(51</u>		
			his return with the preparer shown above? (see instructions)		· · ·		X Yes	No
BA	VA For Pa	perwork i	Reduction Act Notice, see the separate instructions.	A0113L 11	1/08/13		Form 99	0 (2013)

Form 990 (2013) L.A. Voice		95-4	78197	4	Pa	age 2
Part I Statement of Program Se		-				
			<u> </u>			. X
1 Briefly describe the organization's mis-	sion.					
See Schedule O				- -		
			 _			
	icant program services during the year which were not listed or	the prior				
Form 990 or 990-EZ?		•	. []	Yes	X	No
If 'Yes,' describe these new services o			_			
	, or make significant changes in how it conducts, any prog	gram services?.		Yes	X	No
If 'Yes,' describe these changes on Sc	hedule O.		_		_	
4 Describe the organization's program se	ervice accomplishments for each of its three largest progra	am services, as i	neasure	d by ex	pens	es.
others, the total expenses, and revenue	tions and section 4947(a)(1) trusts are required to report the ar ie, if any, for each program service reported.	nount of grants ar	nd allocat	ions to		
	,,,					
4a (Code:) (Expenses \$	386,017. including grants of \$) (Revenue	Ś			
See_Schedule_O	300, 017. modeling grants of 4		Ť			—′
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					 -	
4 b (Code) (Expenses \$	1.4.4. T.4.4. molyalog grants of C	\	~			
	144,744. including grants of \$) (Revenue	۶		, 50	<u>U.</u>)
See Schedule O		-		- - -		
						
						
					<u> </u>	
						
4 (O. 1))
4c (Code) (Expenses \$	including grants of \$) (Revenue	\$			—′
4c (Code:) (Expenses \$	including grants of \$	(Revenue	\$			— ´
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) (Revenue	\$			
4d Other program services. (Describe in S	Schedule O.)		\$			
	Schedule O.)		\$			

Form 990 (2013) L.A. Voice Partiv Checklist of Required Schedules

-			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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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? If 'Yes,' complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
1	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c 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	11 c		х
1	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	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	_	Х
ļ	b Was the organization included in consolidated, independent audited financial statements for the tax year? 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		Х
14	a 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) L.A. Voice

Part IV | Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		х
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
0.4		23		_^
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
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 instructions for applicable filing thresholds, conditions, and exceptions):		***,	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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 contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2013)

Form 990 (2013) L.A. Voice Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a · 5			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 12			
b If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	er authority over, a inancial account)?	4 a		х
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 F	inancial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	ind did the organization	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were			
7 Organizations that may receive deductible contributions under section 170(c).	•	6ь		
•				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment services provided to the payor?	partly for goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	•	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year .	 Izal	7.0		Â
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	henefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		71		X
g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a			<u> </u>
		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the lave excess business	8		
9 Sponsoring organizations maintaining donor advised funds.	•			
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	·	9 b		
10 Section 501(c)(7) organizations. Enter:				100
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	-		
11 Section 501(c)(12) organizations. Enter:	 	e a marina		
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		4.	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ь	433		373
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1		A Page
a 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 Schedu	le O		TOTAL CE	77 7
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ы			ļ ;
c Enter the amount of reserves on hand	13c			3
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14 b	-	
BAA TEEA0105L 07/02/13			990 ((2013)

95-4781974 Parivis Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Sec	tion A. Governing Body and Management		
		Yes	s No
1 a	Enter the number of voting members of the governing body at the end of the tax year	6	
	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.		2.3
ŀ	b Enter the number of voting members included in line 1a, above, who are independent 1 b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Mark Contraction	10 7. 6 3.
	officer, director, trustee or key employee?	2	X
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?	3	X
4	Did the organization make any significant changes to its governing documents		
_	since the prior Form 990 was filed?.	4	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders? See Schedule 0	6 X	
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .See Schedule.O	7a X	
ŧ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a X	1
t	Each committee with authority to act on behalf of the governing body?	8b X	1
9	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	9	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	ode.)
		Yes	
10 a	a Did the organization have local chapters, branches, or affiliates?	10a	X
t	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their		1
	operations are consistent with the organization's exempt purposes?	10 b	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a X	
	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	x
13	Did the organization have a written whistleblower policy?.	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	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?		- ·
а	The organization's CEO, Executive Director, or top management official See Schedule 0	15a X	-
	Other officers of key employees of the organization	15 b	 x
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	व्हराह
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
ŧ	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	+ R. F.
Sec	tion C. Disclosure	· · · · · ·	
17			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply	available for	public
	Own website X Another's website X Upon request Other (explain in Schedule O)		
19	the public during the tax year. See Schedule O		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization		
•	Gayle McAleenan 760 S. Westmoreland Ave, Ste. 336 Los Angeles CA 90005 (2)	L3) 384 <i>-</i>	7404

Form	990	(2013)	T. A.	Voice
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95-4781974

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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 employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any rela	ted or	ganız	zatio	n co	mpen	sate	d any current officer, d	rector, or trustee.	
				(0	;)					
(A) Name and Title	(B) Average hours per week (list	Office	er an	do not check more than inless person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Yolanda Lichtman	1									
Board Chair	0	X .		X				0.	0.	0.
(2) Matty Wilder	11									
Treasurer	0	X		X				0.	· 0.	0.
(3) Sr. Karen Collier	1									
Secretary	0	Х		X				0.	0.	0.
_(4) Ana Maria Jara	1									
Director	0	Х						0.	0.	0.
(5) Daria Nunez	11									
Director	0	X						0.	0.	0.
_(6) Isabel Salas	1									
Director	0	Х						0.	0.	0.
Mector Verdugo	1									
Director	0	X						0.	0.	0.
_(8) Lee Winkelman	11									
Director	0	X						0.	0.	0.
(9) Zachary Hoover	40									
Executive Dir.	0			X				85,000.	0.	4,281.
(10)									•	
(11)										
(12)			-							
(13)										
(14)										

Form 990 (2013) L.A. Voice									95-478197	4 Page 8
Part VII Section A. Officers, Directors, Trus		Key	En			es,	an	d Highest Con	pensated Emp	oyees (continued)
(A) Name and title	Average hours per	Average (do not check more the box, unless person is officer and a director/to		e than is bot or/trus	h an itee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
<u>(17)</u>										
(18)										
(19)			1							
(20)										
(21)										
(22)										
(23)									-	
(24)										
(25)										
1 b Sub-total							-	85,000.	0.	4,281.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A .						•	85,000.	0.	0. 4,281.
2 Total number of individuals (including but not limited to from the organization • 0	those I	sted	abov	ve) v	vho	recei	ved			pensation
 3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of return organization and related organizations greater such individual 	<i>ındıvıdu.</i> eportabl	al√ e coi	mpe	ensa	tion	and	oth	er compensation		Yes No 3 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen	satio	n fre	om :	any	unre	late	ed organization or	ındıvidual	37.4
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	_								nan \$100 000 -f	5 X
compensation from the organization Report compensa	tion for t	the ca	alen	dar	/ear	endii	ng v	vith or within the or	ganization's tax year	
Name and business addres	ss ———							Description of	of services	(C) Compensation
	-		_	_	-					
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶		ted to	tho	se l	stec	abo	ve)	who received more	than	
BAA		EEA0	108L	11/1	1/13					Form 990 (2013)

	Check if Schedule O contains a response or note to any			· · · · · ·	, <u>.</u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 a 1 b 41,425. 1 c 1 d 1 e 594.014				
	similar amounts not included above . 1f 594,014.				
ᅙᄛ	h Total. Add lines 1a-1f	635,439.			
買	Business Code				
CE REVE	2a Consulting Fees	22,500.	22,500.		
8	ă	-			
S S	e				
8	f All other program service revenue				
<u>&</u>	g Total. Add lines 2a-2f .	22,500.		· · · · · · · · · · · · · · · · · · ·	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds. 	85.			85.
١	5 Royalties .				
	(i) Real (ii) Personal				
	6 a Gross rents b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	***************************************			
	b Less: cost or other basis and sales expenses .				
	c Gain or (loss)				
	d Net gain or (loss)				
EVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
OTHER REVE	See Part IV, line 18				1
툉	b Less: direct expenses b				
	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19				
	See Part IV, line 19 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
- 1	c Net income or (loss) from sales of inventory				
ŀ	11a Miscellaneous	513.			513.
	b			<u> </u>	
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	513.	00 500		
لب	12 Total revenue. See instructions	<u>658,537.</u>	22,500.	0.	598.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (C) (D) Program service Management and Fundráising expenses general expenses expenses' Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States. See Part IV, line 22 2 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 89,281 66,961 16,963 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 Other salaries and wages 264.344 221,966 14,757 27,621. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 42,539 36,912 3,411 2,216. 10 Payroll taxes 28,104 22,982 2,488 2,634. 11 Fees for services (non-employees) a Management . **b** Legal. . c Accounting 15,947 15,947 **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column 41,414 37,567 3,789 58. (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion. 13 Office expenses 13,029 11,331 1,047 651. 14 Information technology Rovalties Occupancy 16 27,330 23,777 2,186. 1,367. 17 Travel 37,367 35,591 1,654 122. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 57,260 57,260 21 Payments to affiliates Depreciation, depletion, and amortization 23 Insurance 3,866. 3,364 309 193. Other expenses. Itemize expenses not covered above (List miscellaneous expenses of line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Due, license and service fees 15,000 13.050 1,200 750. All other expenses. 63,75125 Total functional expenses. Add lines 1 through 24e 635,481 530,761 40,969. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X,			
		•	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	385,331.	1	460,106.
	2	Savings and temporary cash investments .	100,218.	2	100,272.
	3	Pledges and grants receivable, net .	250,000.	3	160,000.
	4	Accounts receivable, net	5,658.	4	2,172.
	5	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 instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	1,000.
Ĭ	_	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			1,000.
	ь	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	<u> </u>
l	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11	2,265.	15	2 265
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	743,472.	16	2,265.
\dashv	17	Accounts payable and accrued expenses	4,580.	17	725,815. 422.
	18	Grants payable .	1,300.	18	722.
ĺ	19	Deferred revenue		19	
ŀ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
4B-LES	22	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		22	
į	23	Secured mortgages and notes payable to unrelated third parties .		23	
Š	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,580.	26	422.
E		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ANNIELN OR	27	Unrestricted net assets	327,597.	27	475,766.
Ī	28	Temporarily restricted net assets	411,295.	28	249,627.
0	29	Permanently restricted net assets.		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	Sala Agreement		
PZC1	30	Capital stock or trust principal, or current funds .		30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income, or other funds .		32	
B女上女文いいの	33	Total net assets or fund balances .	738,892.	33	725,393.
	34	Total liabilities and net assets/fund balances	743,472.	34	725,815.
BA	Ą				Form 990 (2013)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				X
1	Total revenue (must equal Part VIII, column (A), line 12).	1	6	558,5	537.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	35,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		23,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	7	738,8	
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) See Schedule O	9	_	-36, 5	555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	_	25,3	
Pa	নি 🌂 Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 Ь		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ-	ate			
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit	3ь		
RA	1		Forn	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047



Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. Employer identification number

L.A	. Voice							95-4	781974	4	
Par	Reason for Put	olic Charity Status	(All organizations	must d	comple	te this	part.)	See i	nstruct	ions.	
	organization is not a priv										
1	A church, convention	n of churches or asso	ciation of churches des	cribed in	section	170(b)	(1)(A)(i)	١.			
2	A school described	in section 170(b)(1)(A)	(Attach Schedule E	Ξ)							
3	A hospital or a coop	perative hospital service	e organization describe	d in sec	ction 17	0(b)(1)(A	\)(iii).				
4	A medical research	organization operated	in conjunction with a h	ospital d	describe	d in sec	tion 17	0(Ь)(1)(А	A)(iii). Er	nter the hos	spital's
	name, city, and stat	te:									
5	An organization oper. 170(b)(1)(A)(iv). (C	ated for the benefit of a complete Part II.)	college or university own	ed or op	erated by	/ a gove	rnmenta	l unit des	scribed in	section	
6			overnmental unit descri								
7	in section 170(b)(1)	(A)(vi). (Complete Par			_	ental un	it or fron	n thè ger	neral pub	lic describer	d
8	A community trust of	described in section 17	70(b)(1)(A)(vi). (Comple	te Part I	II.)						
9	from activities related investment income	I to its exempt functions	ore than 33-1/3% of its s – subject to certain exces s taxable income (less mplete Part III.)	eptions, a	and (2) r	o more	lhan 33-	1/3% of	its suppo	ort from gros	s
10	An organization org	anized and operated e	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).			
11	more publicly support	orted organizations des	usively for the benefit of, scribed in section 509(a tion and complete lines)(1) or s	section 5	509(a)(2	of, or ca). See s	rry out th section !	ne purpos 5 09(a)(3)	ses of one o). Check the	r e box that
O	a Type I	b ∏TypeⅡ c	Type III — Function	nally inte	egrated	•	d 🔲 .	Type III	– Non-f	unctionally	ıntegrated
е	By checking this bo other than foundation section 509(a)(2).	x, I certify that the org managers and other th	anization is not controll an one or more publicly s	led directupported	ctly or in d organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ıfıed persoı (1) or	าร
f	If the organization recheck this box .	ceived a written determing.	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting c	organizati	ion,	
g	Since August 17, 20	006, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	s?	
											Yes No
	(i) A person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or pported organization?	togethei	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)	
	(ii) A family mem	ber of a person descri	bed in (i) above?						•	11 g (ii)	
	(iii) A 35% control	led entity of a person	described in (i) or (ii) a	bove?					•	11 g (iii)	
h	Provide the following	g information about th	e supported organization	n(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the tation in in income	(v) Did yo the organ column (supp	ization in	organiz	s the sation in mn (i) ed in the S ?		t of monetary port
				Yes	No	Yes	No	Yes	No		
/A\											
<u>(A)</u>		 	-	 	 						
(B)	· · ·										
(C)											
<u>,υ,</u>		 	 	 	 		<u> </u>				
(D)								<u> </u>			
(E)										<u></u>	
Total		-					1	<u> </u>			

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	tion A. Public Support						
begi	ndar ỳear (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	455,656.	351,522.	526,258.	693,823.	635, 439.	2,662,698.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	455,656.	351,522.	526,258.	693,823.	635, 439.	2,662,698.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				•		448,043.
6	Public support. Subtract line 5 from line 4.						2,214,655.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	455,656.	351,522.	526,258.	693,823.	635,439.	2,662,698.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29.	386.	284.	180.	85.	964.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV					513.	513.
11	Total support. Add lines 7 through 10						2,664,175.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			. 12	129,553.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, the	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	• •	,,	ne 11, column (f))	•	14	83.13%
15	Public support percentage from	2012 Schedule A,	Part II, line 14	•	•	15	99.90 %
16 a	a 33-1/3% support test — 2013. If and stop here. The organization				nd the line 14 is 3	33-1/3% or more,	check this box X
t	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization .	sa, and line 15 is	33-1/3% or more,	, check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain in Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-an	meets the 'facts-ad-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	re. Explain in Par ted organization	t IV how the ►
	Private foundation. If the organi			13, 10a, 10b, 1/a			<u>-</u>
BAA	L				Scl	nedule 🗛 (Form 9	90 or 990-EZ) 2013

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 yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees	(4) 2003	(2)2313	(4)	(4) 2012	(6) 2010	(i) rotal
received. (Do not include any 'unusual grants.').						
2 Gross receipts from admis-				-		
sions, merchandise sold or services performed, 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 business under section 513						
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 						
organization without charge						
6 Total. Add lines 1 through 5 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						·
Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,			<u></u> .			
whether or not the business is regularly carried on .						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add Ins 9,10c, 11 and 12)		· · ·				
14 First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
Section C. Computation of Pu						
15 Public support percentage for 2			ne 13, column (f))	15	%
16 Public support percentage from	2012 Schedule A	, Part III, line 15			16	ક્ર
Section D. Computation of Inv						
17 Investment income percentage	•		-	umn (f)) .	17	%
18 Investment income percentage					18	%
19a 33-1/3% support tests — 2013. is not more than 33-1/3%, chec	k this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶
b 33-1/3% support tests – 2012. line 18 is not more than 33-1/3°						3-1/3%, and hization ►
20 Private foundation. If the organ	ization did not ch					
BAA		TEEA0403L	06/28/13	Sc	hedule A (Form 990	or 990-F7\ 2013

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Ocario Surile

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

		rganizations: Complete Part III			
Name	of organization			Employer identifica	
	A. Voice	·		95-478197	
		rganization is exempt under secti			zation.
	•	organization's direct and indirect political of	campaign activities in		_
2	Political expenditures Volunteer hours	••	-	. \$	<u> </u>
<u> </u>		rganization is exempt under section	 E01(-)(2)	*	
1		rgariization is exempt under section is exempt under section in the section is exempt under section is exempt under section in the section is exempt under section in the section is exempt under section in the section is exempt under section is ex		►ŝ	
2		cise tax incurred by the organization under		- \$ ►\$	
_	_	, ,		9	
3	-	a section 4955 tax, did it file Form 4720 for	this year?		∐Yes ∐No
	a Was a correction made?	•	•	• •	∐Yes ∐No
	b If 'Yes,' describe in Part IV.		F01/-\		
		rganization is exempt under section pended by the filing organization for section			
ı	•		·	•	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt . ►\$	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	. ►\$	
4	• •	e Form 1120-POL for this year?			. Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly delail action committee (PAC). If additional spanning the committee (PAC) is additional spanning the committee (PAC).	mount paid from the livered to a separate po	filing organization's fund ditical organization, such	ds. Also enter the: as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Scheaule C	(Form 990 or	990-EZ)	2013 T	Δ	Voice
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95-4781974

Page 2

Part II-A Complete if t					19/4 rage 2			
section 501(I	he organization i h)).	s exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under			
A Check ▶ ☐ if the filing	organization belongs	to an affiliated group (and	I list in Part IV each affiliat	ed group member's name	e.			
address,	EIN, expenses, and s	hare of excess lobbying	expenditures)	•				
B Check ► I If the filin	g organization check	ed box A and 'limited co	entrol' provisions apply.					
	<u> </u>	amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expenditu	•		· · · · ·	4,000.				
b Total lobbying expenditu	-	- ·	bying).	25,000.				
c Total lobbying expenditu	=	l 1b)		29,000.	0.			
d Other exempt purpose e	•			606,481.				
e Total exempt purpose ex	kpenditures (add lines	s 1c and 1d)		635,481.	0.			
f Lobbying nontaxable am both columns	<u></u>	int from the following ta	ble in	120,322.				
If the amount on line 1e, colu		ne lobbying nontaxable	amount is:	5.				
Not over \$500,000		% of the amount on line 1e.			,			
Over \$500,000 but not over \$1,0	<u> </u>	00,000 plus 15% of the excess		2 2 Pm 2 2 2 2	,			
Over \$1,000,000 but not over \$1		75,000 plus 10% of the excess			}			
Over \$1,500,000 but not over \$1	<u> </u>	25,000 plus 5% of the excess						
Over \$17,000,000		,000,000.			0.			
	sroots nontaxable amount (enter 25% of line 1f) 30,081.							
h Subtract line 1g from line	•		· · · -	0.	0.			
i Subtract line 1f from line	•		L	0.	0.			
j If there is an amount other section 4911 tax for this	r than zero on either lir year? .	e 1h or line 1i, did the org	ganization file Form 4720 rd	eporting	Yes No			
(Some		Year Averaging Period	Under Section 501(h)					
			lection do not have to co					
	columns	below. See the instructi		2f.)				
Calendar year (or fiscal year beginning in)	columns	below. See the instructi	lection do not have to co ons for lines 2a through	2f.)	(e) Total			
	columns	below. See the instruction of Expenditures During (b) 2011	lection do not have to co ons for lines 2a through 4-Year Averaging Perior	2f.) d	(e) Total 284, 362.			
year beginning in) 2 a Lobbying non-taxable	columns Lobbyin	below. See the instruction of Expenditures During (b) 2011	4-Year Averaging Period (c) 2012	2f.) d (d) 2013				
year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line	columns Lobbyin	below. See the instructing Expenditures During (b) 2011	4-Year Averaging Period (c) 2012	2f.) d (d) 2013	284, 362.			
year beginning in) 2a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying	columns Lobbyi (a) 2010 63,007	below. See the instructing Expenditures During (b) 2011	4-Year Averaging Period (c) 2012	2f.) d (d) 2013 120,322.	284, 362. 426, 543.			
year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable	columns Lobbyin (a) 2010 63,007	below. See the instructing Expenditures During (b) 2011	4-Year Averaging Period (c) 2012 101,033.	2f.) d (d) 2013 120,322.	284, 362. 426, 543. 52, 335.			

Schedule C (Form 990 or 990-EZ) 2013 L.A. Voice PartILES Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a) (b)		(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?	_		
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1:			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		إ	
b If 'Yes,' enter the amount of any tax incurred under section 4912	}		<u></u>
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	L		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5) 	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Fanswered 'Yes.'	(c)(5) Part II	, or so I-A, li	ection 501(c) ne 3, is
Dues, assessments and similar amounts from members.		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	•		
expenses for which the section 527(f) tax was paid).			
a Current year .		2a	
b Carryover from last year		2 b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Rantill Supplemental Information		<u> </u>	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou Part II-B, line 1. Also, complete this part for any additional information.	p list);	Part I	I-A, line 2, and
			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

L.A. Voice 95-4781974 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ► Ś If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X **►**\$

Schedule D (Form 990) 2013	Voice			95-478	01074		Page 2
Part III Organizations Maintai		ns of Art. Histo	orical Treasures o			ontinu	
Using the organization's acquisition items (check all that apply):			· · · · · · · · · · · · · · · · · · ·				cuj
a Public exhibition		d □ Loan	or exchange programs				
b Scholarly research		e Other	or exercinge programs				
c Preservation for future gener	ations	• L. oo.					
4 Provide a description of the organiz Part XIII.		nd explain how they	y further the organization	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or recei ian to be maintain	ve donations of ar ed as part of the o	t, historical treasures, organization's collection	or other similar assets	Yes	[No
Part V Escrow and Custodia line 9, or reported an				swered 'Yes' to Fo	rm 990), Part	i IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or	other intermedian	for contributions or other	ner assets not included	Yes	٦	No
b If 'Yes,' explain the arrangement	in Part XIII and co	omplete the follow	ing table:	•	□	L	٦,,,
					Amoun	t	
c Beginning balance .				. 1c			
d Additions during the year .				1 d			
e Distributions during the year				1 e			
f Ending balance				1f '			-
2 a Did the organization include an a	mount on Form 99	0, Part X, line 21	?		Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII. Checi	k here if the explain	ntion has been provided	d in Part XIII	- .	. [
Part V Endowment Funds. C	omplete if the	organizatıon ar	nswered 'Yes' to Fo	rm 990, Part IV, III	ne 10.		
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance.							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance		<u> </u>					
 2 Provide the estimated percentage a Board designated or quasi-endowm 	=	ar end balance (lii %	ne 1g, column (a)) held	as.			
b Permanent endowment ►							
c Temporarily restricted endowmer		%					
The percentages in lines 2a, 2b,							
3a Are there endowment funds not in t	·		are held and administered	d for the	Ī	Yes	No.
organization by: (i) unrelated organizations					200	162	No
(ii) related organizations		• -			3a(i)		
b If 'Yes' to 3a(ii), are the related of	organizatione lietor	t as required on S	chedulo D2		3a(ii) 3b		┼──
4 Describe in Part XIII the intended					30		Щ
Part VI Land, Buildings, and		nzation s endowin	ent lulius.				
Complete if the organ		ed 'Yes' to Form	n 990, Part IV, line	11a. See Form 99	0, Par	t X, lır	ne 10.
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book v	alue
1 a Land							
b Buildings.	·						

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings.				
c Leasehold improvements.				
d Equipment				
e Other				

BAA

Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.	, ,	1-y
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
<u>(G)</u>	<u> </u>	
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	,	
Part VIII Investments — Program Related.	L	N/A
Complete if the organization answered	Yes' to Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		The state of the s
Part IX Other Assets.	N/	A O Port IV line 11d See Form 000 Port V line 15
	scription	0, Part IV, line 11d. See Form 990, Part X, line 15
(1)	scription	(b) Book Value
(2)		
(3)		
(4)		
(5)		
(6)		
(8)	<u> </u>	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	<u> </u>
Part X Other Liabilities.	orm 000 Port IV line 1	lio or 11f Con Form 000 Port V line 2E
Complete if the organization answered 'Yes' to Fi (a) Description of liability	(b) Book value	THE OF THE SEE FORM 930, PART A, TIME 23
(1) Federal income taxes	(b) DOOK Value	
(2)		
(3)		THE RESERVE OF THE STATE OF THE
(4)		
(5)		- "
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that reports the organization's liability for uncertain

Complete if the organization answered 'Yes' to Form 990, Pa		tetum. N/A
1 Total revenue, gains, and other support per audited financial statements .		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		- W.S.Y
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1	• • •	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		SARS .
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	40	4c
	•••	5
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' to Form 990, Pa		r Return. N/A
1 Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •	ASSESSED
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a Donated services and use of facilities	_ 2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 7
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com Part X - FIN 48 Footnote	Part IV, lines 1b and 2b; P plete this part to provide a	art V, ny additional information.
The Organization has evaluated its current tax posi	<u>itions as of Dece</u>	mber 31, 2013 and _
is not aware of any significant uncertain tax posit	tions_for_which_a	reserve would be
necessary.		-
BAA		Schedule D (Form 990) 2013

SCHEDULE 0 (Form 990 or 990-EZ)

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.

निर्मार्थः व्यवस्त्राणि विद्याच्या ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 95-4781974 L.A. Voice

Form 990, Part III, Line 1 - Organization Mission
To transform Los Angeles into a city that reflects the human dignity of all
communities, especially those in greatest need. We are an interfaith, community
organization that unites people from diverse backgrounds to improve the quality of
life for L.A. residents.
Form 990, Part III, Line 4a - Program Service Accomplishments
Community Organizing, Advocacy & Education
LA_Voice is an organized manifestation of community leadership addressing community
needs. LA Voice values the power, input, and leadership of those closest to the
broken_systems_of_society; therefore, those grassroots leaders and clergy guide
strategy for the organization. This leadership development is the foundation of all
LA Voice, with community members and clergy receiving intensive training from our
talented staff to run projects and campaigns. Current programs and issue areas
include:
• Immigrant integration: drivers' license implementation, lowering deportations, and
citizenship for all.
• Transit development: benefiting high and low-income people, focused on affordable
housing and jobs.
• Community Health: access to affordable health care and partnering with lawmakers to
shape an inclusive LA County health care delivery system.
• Addressing recidivism and lack of investment in reentry programs for the formerly
incarcerated by increasing job opportunities for formerly incarcerated Angelenos.
Empowering parents to lead for programs and policies that break down barriers and
prioritize_quality_education_for_all_children

Name of the organization	Employer identification number				
L.A. Voice	95-4781974				
Form 990, Part III, Line 4b - Program Service Accomplishments					
Leadership, Clergy & Staff Training					
LA Voice is an interfaith, multi-ethnic, community organizatio	n that awakens				
community members to their own power, training them to speak,	act and work together				
to transform our county into one that reflects the dignity of	all people. We believe				
all people have power and a voice. Every day we amplify that p	ower by uniting				
diverse faith voices and equipping leaders to stand-up for wha	t their communities				
need, winning systems change that improve the lives of Angelen	os. Leadership				
development encompasses all of LA Voice's core programs. Throu	gh LA Voice, hundreds				
of individuals have received advanced training in community le	adership development				
and are considered core leaders capable of recruiting and trai	ning their fellow				
community members and an additional 8,000 have taken at least	one action together in				
the past two years. Thus, LA Voice is helping people build a s	ustainable				
infrastructure in their communities capable of improving lives	today and over the				
long-term.					
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder					
LA Voice defines its members as congregations. There are two t	iers_of_members:_1)				
dues paying member institutions that have a vote on various le	adership bodies and 2)				
associate members and strategic partners, who may or may not c	ontribute financially				
to the organization and do not vote on organizational decision	s (such as board				
appointments) but partner with the organization on campaigns a	nd training. Strategic				
partners can include clergy who participate in the clergy cauc	us, but whose				
institutions do not yet pay dues.					
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	<u>dy</u>				
Dues paying member institutions have a vote on various leaders	hip positions				
including board positions.					

Name of the organization	Employer identification number				
L.A. Voice	95-4781974				
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders					
Dues paying member institutions have a vote on various leadersh	ip positions				
including board positions.	·				
Form 990, Part VI, Line 11b - Form 990 Review Process					
The bookkeeper, Exectutive Director and then the Board reviews	the Form 990 before				
it is filed.					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management				
The Board researched ED salaries within the PICO National Netwo	ork				
federations/organizations across the country (comparable organi	zations of which we				
are_a_member) and compared that to experience with LA area non-	profits. Discussions				
were documented in Board minutes.					
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available					
Governing documents and conflict of interest policy are not available.	ilable to the public.				
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	·				
·					

2013 **Schedule O - Supplemental Information** Page 2 **Client LAVOICE** L.A. Voice 95-4781974 10/24/14 05.11PM Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances Prior year overstatement of grant revenue and net assets. -36,555. -36,555. Total §

2013	Schedu	le A, Part	IV - Supple	mental Info	rmation	Page 5
Client LAVOICE L.A. Voice						95-4781974
10/24/14						05:11PM
Part II, Line 10 - Oth	er Income					
Nature and Source	<u>:e</u>	2013	2012	2011	2010	2009
Miscellaneous	Total §	5 513. 5 513.	\$ 0	\$ 0.	\$ 0.	\$ 0.
	10041	, <u> </u>			<u> </u>	<u> </u>
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• Form 886 8	3 (Rev 1-2014)				Page 2
	are filing for an Additional (Not Automatic) 3-Month	n Extension	, complete only Part II and check t	his box	→ X
	complete Part II if you have already been granted				, <u>v</u>
_	are filing for an Automatic 3-Month Extension, com		•		
क्षेत्रकारि-		 		l (no copies needed	<u></u>
				dentifying number, see ins	<u></u>
	Name of exempt organization or other filer, see instructions.			Employer identification number	
_		i			
Type or print	L.A. Voice			95-4781974	
,	Number, street, and room or suite number. If a P.O. box, see inst	ructions		Social security number (SSN)	
File by the extended	Crosby & Kanada CPAs	•	'		
due date for filing your	Crosby & Kaneda, CPAs 1611 Telegraph Ave Ste 318				•
return See instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons.	<u> </u>	
	Oakland, CA 94612-2151				
Enter the I	Return code for the return that this application is fo	or (file a sep	parate application for each return)		01
					
Applicatio Is For	n	Return	Application Is For		Return
<u> </u>	Fa 000 F7	Code	is roi		Code
	or Form 990-EZ	01	Form 1041 A		00
Form 990-		02	Form 1041-A		08
Form 990-	(individual)	03	Form 4720 (other than individual)		10
	T (section 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069		11
	T (trust other than above)	06	Form 8870		12
1 01111 990-	T (trust otrier than above)		F 01111 8870		<u> </u>
Teleph If the of this whole grow	one No (213) 384-7404 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box The Organization 18	digit Group	Exemption Number (GEN)	. If this ith the names and EINs o	. ► ☐ s is for the of all
members	the extension is for.				
4 Ireq	uest an additional 3-month extension of time until	11/15	, 20 14.		
5 For	calendar year 2013, or other tax year beginnin	g	, 20 , and ending	, 20	
_	e tax year entered in line 5 is for less than 12 mont Change in accounting period	ths, check r	eason: Initial return	Final return	-
		aver re	spectfully requests ad	ditional time t	0
ga	ther information necessary to fi				
	is application is for Forms 990-BL, 990-PF, 990-T, efundable credits. See instructions		59, enter the tentative tax, less any	. 8a\$	
tax ı	is application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayment ously with Form 8868	nt allowed a	any refundable credits and estimates a credit and any amount paid	ted 8 b \$	
c Bala EFT	nnce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	r payment	with this form, if required, by using	. 8c\$	
	Signature and Verific	ation mu	st be completed for Part II o	nly.	
Under penalti correct, and o	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my k	nowledge and belief, it is true,	1 1
Signature >	· adele Kaneda Title -	(PA		Date - 3	1114
BAA	THE PARTY THE	FIFZ0502L	12/31/13	Form 8868	(Rev 1-2014)
-					

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

-	re filing for an Additional (Not Automatic) 3-Mont	-			X
•	plete Part II unless you have already been grante			•	
Electronic f corporation request an e Associated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www.irs gov/efile and click of	I if you need automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele ith the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 months fo ectronically file Form n Return for Transfers	8868 to
Parill	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an a			· ··· · · · · · · · · · · · · · · · ·	▶ □
	rporations (including 1120-C filers), partnerships,				
income tax		, (E111100, G1			
	Name of exempt organization or other filer, see instructions			Employer identification no	
Type or print	ype or			95-4781974	
File by the	Number, street, and room or suite number. If a P O box, see in	structions		Social security number (S	SSN)
due date for filing your return See instructions	760 S. Westmoreland Ave. #336 City, town or post office, state, and ZIP code For a foreign additional control of the control o	ress, see instru	ctions		
anstructions	Los Angeles, CA 90005				
Enter the R	eturn code for the return that this application is fo	r (file a sep	parate application for each return)		01
Application Is For		Return Code			Return Code
Form 990 or	Form 990-EZ	0-EZ 01 Form 990-T (corporation)			07
Form 990-E	BL .	02 Form 1041-A			08
Form 4720 (03	Form 4720 (other than individual)		09
Form 990-P	·	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05			11
Form 990-T	(trust other than above)	06	Form 8870		12
Telepho If the or If this is check the external three external thr	he sare in the care of The Organization	digit Group check this b	e United States, check this box . Exemption Number (GEN) If ox and attach a list with the na	f this is for the whole imes and EINs of all	.
The e ► [2 ►	8/15 , 20 14 , to file the exempt organization is for the organization's return for calendar year 20 13 or tax year beginning , 20 tax year entered in line 1 is for less than 12 months.	, and endir	ng, 20	nal return	
_	hange in accounting period	ins, check is	eason. Unitial fetum UFII	T I	
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions.		<u> </u>	3 a \$	0.
b If this application is for Forms 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 3 b			3ь\$	0.	
EFTP	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System) See	instructions	with this lotti, it required, by using	3c \$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 8	453-EO and Form 88	379-EO for