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Form **990-EZ**

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

OMB No. 1545-1150

**2014**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**LAFAYETTE SQUARE ASSOCIATION, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. BOX 19123**

City or town, state or province, country, and ZIP or foreign postal code  
**LOS ANGELES CA 90019**

**D** Employer identification number  
**95-3826636**

**E** Telephone number  
**213-216-4477**

**F** Group Exemption Number **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶** \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **▶ N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **4** ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 20,973**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																		
Revenue	1	Contributions, gifts, grants, and similar amounts received															13,950																														
	2	Program service revenue including government fees and contracts															6,180																														
	3	Membership dues and assessments																																													
	4	Investment income															843																														
	5a	Gross amount from sale of assets other than inventory																																													
	5b	Less: cost or other basis and sales expenses																																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																													
	6	Gaming and fundraising events																																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																													
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																													
6c	Less: direct expenses from gaming and fundraising events																																														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																														
7a	Gross sales of inventory, less returns and allowances																																														
7b	Less: cost of goods sold																																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																														
8	Other revenue (describe in Schedule O)																																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																													
	11	Benefits paid to or for members																																													
	12	Salaries, other compensation, and employee benefits																																													
	13	Professional fees and other payments to independent contractors																																													
	14	Occupancy, rent, utilities, and maintenance																																													
	15	Printing, publications, postage, and shipping																																													
	16	Other expenses (describe in Schedule O)																																													
17	Total expenses. Add lines 10 through 16																																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																													

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

*g*  
*EE*

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	73,407	22	71,726
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,247	24	2,247
25 Total assets	75,654	25	73,973
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,654	27	73,973

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

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

What is the organization's primary exempt purpose?

**SOCIAL**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		17,984
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		17,984

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JACKIE DUPONT-WALKER PRESIDENT	15.00	0	0	0
CASSANDRA WASHINGTON-MALRY FIRST VP	6.00	0	0	0
JEAN CADE SECOND VP	6.00	0	0	0
PATRICIA BAUM TREASURER	12.00	0	0	0
GEORGE SMITH CORRESPONDING SECRET	6.00	0	0	0
ERIC L. JONES RECORDING SECRETARY	10.00	0	0	0
DAVID WILDER BOARD MEMBER	12.00	0	0	0
THERESA LOWE FINANCIAL SECRETARY	6.00	0	0	0
DONNA ROBERTSON BOARD MEMBER	6.00	0	0	0
CHERYL TURNER BOARD MEMBER	6.00	0	0	0
MARK ROBINSON BOARD MEMBER	6.00	0	0	0
ELIZABETH LEWIS BOARD MEMBER	6.00	0	0	0



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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a			
b	Did the organization file Form 1120-POL for this year?		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40a			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40c			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed		
41	CA		
42a	The organization's books are in care of		
42a	ORGANIZATION STAFF		
	P.O. BOX 19123		
	Located at		
	LOS ANGELES		
	CA		
	ZIP + 4		
	90019		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:		X
42b			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and rows for questions 47, 48, 49a, and 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Deborah Beavers-Watford, President, Date: 8/8/15

Paid Preparer Use Only: Print/Type preparer's name: Jeffrey Hill CPA, Preparer's signature: Jeffrey Hill CPA, Date: 08/20/15, Check if self-employed: [X], Firm's name: Hill, Morgan & Associates, Firm's EIN: 05-0552920, Firm's address: 19602 Fariman Dr, Carson, CA 90747, Phone no: 310-749-1014

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2014**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**LAFAYETTE SQUARE ASSOCIATION, INC.****95-3826636****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description Amount

**Expenses**

Insurance	\$	4,828
Board expenses	\$	398
Directory	\$	667
Other	\$	496
Block Party	\$	486
Beautification	\$	2,277
Holiday Decorations	\$	3,891
Celebration	\$	4,384
Youth special activities	\$	2,078
Meet your neighbor events	\$	1,518
Cultural event	\$	1,985
Public relations	\$	650
<b>Total</b>	<b>\$</b>	<b>23,658</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description Amount

Other Increases \$ 1,004

**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
Other assets	\$ 2,247	\$ 2,247
<b>Total</b>	<b>\$ 2,247</b>	<b>\$ 2,247</b>

Name of the organization

Employer identification number

LAFAYETTE SQUARE ASSOCIATION, INC.

95-3826636

Form 990-EZ, Part III, Line 28 - First Accomplishment

DURING 2014, WE HAD VARIOUS ACTIVITIES THAT BENEFIT THE MEMBERS OF THE LAFAYETTE SQUARE ASSOCIATION AS OF A WHOLE. THESE ACTIVITIES INCLUDED BLOCK PARTIES, STREET FESTIVALS AND OTHER SOCIAL ACTIVITIES THAT CENTERED AROUND THE HOLIDAYS THROUGHOUT THE YEAR. IN ADDITION, WE ALSO INCURRED COSTS FOR MAINTENANCE, IMPROVEMENTS AND BEAUTIFICATION OF THE LAFAYETTE SQUARE ASSOCIATION'S COMMON AREAS.