

Form 990-PF

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2015

Open to Public  
Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP		A Employer identification number 20-5658982	
Number and street (or P O box number if mail is not delivered to street address) 11766 WILSHIRE BLVD SUITE 1160		B Telephone number (see instructions) (310) 207-4030	
C If exemption application is pending, check here ► <input type="checkbox"/>			
D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>			
E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>			
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>			
<b>G Check all that apply</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			
<b>H Check type of organization</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 350,270</b>		<b>J Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
1 Contributions, gifts, grants, etc , received (attach schedule)			1,098,190		
2 Check ► <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5a Gross rents					
b Net rental income or (loss) _____					
6a Net gain or (loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 <b>Total</b> Add lines 1 through 11		1,098,190	0		
13 Compensation of officers, directors, trustees, etc					
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)		1,225			
b Accounting fees (attach schedule)					
c Other professional fees (attach schedule)					
17 Interest					
18 Taxes (attach schedule) (see instructions)		85			
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule)		633,272			
24 <b>Total operating and administrative expenses.</b>		634,582	0	0	
Add lines 13 through 23					
25 Contributions, gifts, grants paid		336,040			336,040
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25		970,622	0	0	336,040
27 Subtract line 26 from line 12					
a <b>Excess of revenue over expenses and disbursements</b>		127,568			
b <b>Net investment income</b> (if negative, enter -0-)			0		
c <b>Adjusted net income</b> (if negative, enter -0-)					

	<b>Part II Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing . . . . .		226,897	350,270	350,270
	<b>2</b> Savings and temporary cash investments . . . . .				
	<b>3</b> Accounts receivable ► _____				
	Less allowance for doubtful accounts ► _____				
	<b>4</b> Pledges receivable ► _____				
	Less allowance for doubtful accounts ► _____				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ► _____				
	Less allowance for doubtful accounts ► _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .				
<b>10a</b>	Investments—U S and state government obligations (attach schedule)				
<b>b</b>	Investments—corporate stock (attach schedule) . . . . .				
<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .				
<b>11</b>	Investments—land, buildings, and equipment basis ► _____				
	Less accumulated depreciation (attach schedule) ► _____				
<b>12</b>	Investments—mortgage loans. . . . .				
<b>13</b>	Investments—other (attach schedule) . . . . .				
<b>14</b>	Land, buildings, and equipment basis ► _____				
	Less accumulated depreciation (attach schedule) ► _____				
<b>15</b>	Other assets (describe ► _____)				
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		226,897	350,270	350,270
<b>17</b>	Accounts payable and accrued expenses . . . . .				
<b>18</b>	Grants payable . . . . .				
<b>19</b>	Deferred revenue . . . . .				
<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons				
<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .				
<b>22</b>	Other liabilities (describe ► _____)				
<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .			0	
	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
<b>24</b>	Unrestricted . . . . .		226,897	350,270	
<b>25</b>	Temporarily restricted . . . . .				
<b>26</b>	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
<b>27</b>	Capital stock, trust principal, or current funds . . . . .				
<b>28</b>	Paid-in or capital surplus, or land, bldg , and equipment fund				
<b>29</b>	Retained earnings, accumulated income, endowment, or other funds				
<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .		226,897	350,270	
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		226,897	350,270	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	226,897
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	127,568
<b>3</b>	Other increases not included in line 2 (itemize) ► _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	354,465
<b>5</b>	Decreases not included in line 2 (itemize) ► _____	<b>5</b>	4,195
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	350,270

**Part IV Capital Gains and Losses for Tax on Investment Income**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price		Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69		Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			
2 Total of line 1, column (d).			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4
5 Multiply line 4 by line 3.			5
6 Enter 1% of net investment income (1% of Part I, line 27b).			6
7 Add lines 5 and 6.			7
8 Enter qualifying distributions from Part XII, line 4.			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	<b>1</b>	<b>0</b>
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	<b>0</b>
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	<b>2</b>	
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	<b>3</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>4</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	<b>5</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		
<b>6</b>	Credits/Payments	<b>6a</b>	
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6b</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source. . . . .	<b>6c</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6d</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .		
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	<b>1b</b>	<b>No</b>
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	<b>No</b>
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>No</b>
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	<b>Yes</b>
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<b>9</b>	<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	<b>No</b>

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►www.latlc.com	13	Yes	
14	The books are in care of ►SCOTT J CORWIN Located at ►11766 WILSHIRE BLVD SUITE 1160 LOS ANGELES CA	Telephone no ►(310) 207-4030 ZIP +4 ►90025		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ►	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . .	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	2b	No
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015) . . . . .	3b	No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? . . . . .	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .  Yes  No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .  Yes  No  
*If "Yes," attach the statement required by Regulations section 53.4945-5(d).*

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  
*If "Yes" to 6b, file Form 8870.*

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors**

**1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
See Additional Data Table				

2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE".

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . ►

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

**Expenses**

1 The primary purpose of the Los Angeles Trial Lawyers' Charities (LATLC) is to make a positive difference in the quality of life for people within the greater Los Angeles area, focusing on issues related to education, children, battered women, and homelessness, by providing financial assistance to needy persons and groups in the greater Los Angeles area	0
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

**Amount**

1	
2	
All other program-related investments See instructions	
3	
<b>Total.</b> Add lines 1 through 3	►

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	0
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	0
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	0

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	0

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	336,040
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	336,040
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	336,040

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				0
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .	56,500			
<b>e</b> From 2014. . . . .	145,400			
<b>f Total</b> of lines 3a through e. . . . .		201,900		
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____ 336,040				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus		336,040		
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	537,940			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	537,940			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				
<b>b</b> Excess from 2012. . . . .				
<b>c</b> Excess from 2013. . . . .	56,500			
<b>d</b> Excess from 2014. . . . .	145,400			
<b>e</b> Excess from 2015. . . . .	336,040			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a			
c	Qualifying distributions from Part XII, line 4 for each year listed			
d	Amounts included in line 2c not used directly for active conduct of exempt activities			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter (1) Value of all assets			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			
c	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)			
	(3) Largest amount of support from an exempt organization			
	(4) Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

EXECUTIVE COMMITTEE  
11766 WILSHIRE BLVD STE 1160  
LOS ANGELES, CA 90066  
(310) 207-4030  
info@latlc.org

b The form in which applications should be submitted and information and materials they should include

PLEASE SUBMIT ONLINE VIA WEBSITE www.latlc.org

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

\$5,000 LIMITATION ON FIRST AWARD, \$20,000 PER YEAR LIMITATION ON SUBSEQUENT AWARDS

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b>			► 3a	336,040
<b>b Approved for future payment</b>				
<b>Total</b>			► 3b	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .					
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property . . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .					
<b>13</b> <b>Total</b> .Add line 12, columns (b), (d), and (e). . . . .					
(See worksheet in line 13 instructions to verify calculations.)					<b>13</b> _____

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, (e) other allowances</b>
JOSEPH M BARRETT	PAST PRESIDENT 0 00	0		
644 S FIGUEROA STREET LOS ANGELES, CA 90017				
PEJMAN BEN-COHEN	PAST PRESIDENT 0 00	0		
9401 WILSHIRE BLVD STE 550 BEVERLY HILLS, CA 90212				
SCOTT J CORWIN	Vice President 0 00	0		
11766 WILSHIRE BLVD STE 1160 LOS ANGELES, CA 90025				
CONAL DOYLE	Director 0 00	0		
280 S BEVERLY DR STE 504 BEVERLY HILLS, CA 90212				
JEFFREY GREENMAN	Director 0 00	0		
18851 BARDEEN AVE STE 200 IRVINE, CA 92612				
AIMEE KIRBY	President 0 00	0		
1438 MARKET STREET SAN FRANCISCO, CA 94102				
CANDICE S KLEIN	Director 0 00	0		
11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025				
PHILIP J LAYFIELD	PRESIDENT ELECT 0 00	0		
525 S DOUGLAS ST STE 280 EL SEGUNDO, CA 90245				
SPENCER LUCAS	Director 0 00	0		
11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025				
MICHAEL ALDER	Treasurer 0 00	0		
1875 Century Park East 1500 LOS ANGELES, CA 90067				
MINH T NGUYEN	PAST PRESIDENT 0 00	0		
111 W OCEAN BLVD STE 1900 LONG BEACH, CA 90802				
ROBERT T SIMON	PAST PRESIDENT 0 00	0		
11755 WILSHIRE BLVD LOS ANGELES, CA 90025				
BRUCE TRANEY	PAST PRESIDENT 0 00	0		
11150 W OLYMPIC BLVD 1080 LOS ANGELES, CA 90064				
ARASH Homampour	Director 0 00	0		
15303 Ventura BLVD STE 1000 SHERMAN OAKS, CA 91403				
DAVID DeRubertis	Director 0 00	0		
4219 Coldwater Canyon Avenue STUDIO CITY, CA 91604				
ROBERT Ounjian	Director 0 00	0		
8827 West Olympic Boulevard LOS ANGELES, CA 90211				
IBIERE SECK	Director 0 00	0		
4929 Wilshire BLVD STE 1010 LOS ANGELES, CA 90010				
LISA MAKI	Director 0 00	0		
523 West 6th Street Suite 450 LOS ANGELES, CA 90014				
GERALDINE WEISS	Secretary 0 00	0		
11755 Wilshire BLVD STE 1170 LOS ANGELES, CA 90025				
STEVEN VARTAZARIAN	Director 0 00	0		
15250 Ventura Blvd STE 505 SHERMAN OAKS, CA 91403				
ALYSSA SCHABLOSKI	Director 0 00	0		
4219 COLDWATER CANYON BLVD STUDIO CITY, CA 91604				
GERALD MARCUS	Director 0 00	0		
24025 Park Sorrento Suite 430 CALABASAS, CA 91302				
MAURO FIORE	Director 0 00	0		
1901 West Pacific Ave STE 26 WEST COVINA, CA 91790				
THOMAS FEHER	Director 0 00	0		
34 Hermosa Avenue HERMOSA BEACH, CA 90254				
RYAN CLARKSON	Director 0 00	0		
448 South Hill St STE 701 LOS ANGELES, CA 90013				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
OPCC 1751 CLOVERFILED BLVD SANTA MONICA, CA 90404	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
TEAM PRIME TIME PO BOX 241496 LOS ANGELES, CA 90024	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
VISTA DEL MAR CHILD FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	20,000
TOBERMAN NEIGHBORHOOD CENTER 131 NORTH GRAND AVENUE SAN PEDRO, CA 90731	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
CLARE FOUNDATION INC 909 PICO BLVD SANTA MONICA, CA 90405	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	20,000
IMAGINE LA 5455 WILSHIRE BLVD STE 1001 LOS ANGELES, CA 90036	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
VENICE COMMUNITY HOUSING CORP 720 ROSE AVENUE VENICE, CA 90291	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
KIWANIS CLUB KESCA 11127 ORCAS AVENUE SYLMAR, CA 91342	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
YOUTH MENTORING CONNECTION 1818 S WESTERN AVE STE 505 LOS ANGELES, CA 90006	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
ADVANCEMENT PROJECT 1910 W Sunset Blvd Suite 500 LOS ANGELES, CA 90026	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Alliance College Ready Public School 601 South Figueroa Street 4th FL LOS ANGELES, CA 90017	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
AVIVA Family Children's Services 7120 FRANKLIN AVENUE LOS ANGELES, CA 90029	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
CASA Los Angeles 201 Centre Plaza Drive Suite 1100 MONTEREY PARK, CA 91754	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,500
Clothes The Deal 9525 Imperial Highway DOWNEY, CA 90242	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,000
Downtown Women's Center 442 South San Pedro Street LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
<b>Total . . . . .</b>				336,040
<b>► 3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
LOS ANGELES MISSION 303 E 5th St LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
ST ANNE's 155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,600
THE RAPE FOUNDATION 1223 Wilshire Blvd No 410 LOS ANGELES, CA 90403	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
US VETS INC 800 W 6TH STREET SUITE 1505 LOS ANGELES, CA 90017	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
Westchester Family YMCA 8015 S Sepulveda Blvd LOS ANGELES, CA 90045	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Westside Center for Independent Liv 12901 Venice Blvd LOS ANGELES, CA 90066	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	25,000
THE FIRST TEE OF LOS ANGELES 244 S SAN PEDRO ST STE 200 LOS ANGELES, CA 90012	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD STE 300 LOS ANGELES, CA 90025	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
MARCH OF DIMES 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
INNER CITY LAW CENTER 1309 E 7TH STREET LOS ANGELES, CA 90021	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
HEARTWELL BASEBALL INC 6264 CARSON STREET LONG BEACH, CA 90808	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
FRIENDS AND HELPERS FOUNDATION 15260 VENTURA BLVD STE 2100 SHERMAN OAKS, CA 91403	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
ARCADIA ARMENIAN LITTLE LEAGUE PO BOX 1050 ARCADIA, CA 91077	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	500
Long Beach Little League PO BOX 15217 LONG BEACH, CA 90815	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	500
<b>Total. . . . .</b>			<b>► 3a</b>	<b>336,040</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
Long Beach Poly High School 1600 Atlantic Ave LONG BEACH, CA 90813	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	500
Santa Monica Girls Fast Pitch 1650 16th StREET SANTA MONICA, CA 90404	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
Athletes Versus Cancer 10945 Le Conte Ave Suite 3132 LOS ANGELES, CA 90095	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
AZTECS RISING 3516 N Broadway LOS ANGELES, CA 90031	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
BLIND CHILDREN'S CENTER 4120 Marathon Street LOS ANGELES, CA 90029	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
CHILD ADVOCACY CENTER POMONA 363 S PARK AVENUE POMONA, CA 91766	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
EXCEPTIONAL CHILDREN'S FOUNDATION 8740 WASHINGTON BLVD CULVER CITY, CA 90232	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
JEWISH FAMILY SERVICES OF LA 3580 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90010	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Pediatric Cancer Research Foundation 9272 Jeronimo Road Suite 122 IRVINE, CA 92618	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
SOUTH CENTRAL SCHOLARS 29000 South Western Avenue Ste 207 Rancho Palos Verdes, CA 90275	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
LAKEWOOD HIGH SCHOOL 4400 Briercrest Ave LAKEWOOD, CA 90713	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
MCBRIDE HIGH SCHOOL 7025 Parkcrest ST LONG BEACH, CA 90808	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
MILLIKAN HIGH SCHOOL 2800 Snowden Ave LONG BEACH, CA 90815	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
REBEL SPORTS FX 2901 W MacArthur Blvd 109 SANTA ANA, CA 92704	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	940
WEST LA COLLEGE BASEBALL 9000 OVERLAND AVENUE CULVER CITY, CA 90230	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
<b>Total . . . . .</b>				336,040
<b>► 3a</b>				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BOSTON UNIVERSITY STUDENT ACCOUNTIN 881 Commonwealth Avenue BOSTON, MA 02215	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
CAL POLY 3801 WEST TEMPLE AVENUE POMONA, CA 91768	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
CAL STATE LONG BEACH 1250 BELLFLOWER BLVD LONG BEACH, CA 90840	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
MOUNT SAINT MARY'S UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 21727	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
UC REGENTS A-129J Murphy Hall PO BOX 951435 LOS ANGELES, CA 90095	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
UCLA FINANCIAL AID SCHOLARSHIPS A-129J Murphy Hall PO BOX 951435 LOS ANGELES, CA 90095	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
UC IRVINE 100 THEORY STREET STE 250 IRVINE, CA 92697	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
UNIVERSITY OF VIRGINIA 400 Ray C Hunt Drive CHARLOTTESVILLE, VA 22904	NONE	PC	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total.</b>				336,040
			<b>► 3a</b>	

## TY 2015 Legal Fees Schedule

**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

**EIN:** 20-5658982

**Software ID:** 15000324

**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL & PROFESSIONAL FEES	1,225	0	0	0

## TY 2015 Other Decreases Schedule

**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

**EIN:** 20-5658982

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Amount
OTHER ADJUSTMENT	4,195

## TY 2015 Other Expenses Schedule

**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

**EIN:** 20-5658982

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AAJ Student Trial Advocacy	500			
ADVERTISING	10,749			
ASSOCIATION MANAGEMENT SOFTWARE	13,575			
BANK, CREDIT CARD & PAYPAL FEES	12,327			
CAALA CONVENTION	16,716			
FUNDRAISING - Casino Night 2014	525			
Fundraising - Casino Night 2015	285,433			
Fundraising - Casino Night 2016	86,042			
FUNDRAISING - Golf Tournament 2014	674			
FUNDRAISING - Golf Tournament 2015	105,262			
INSURANCE	3,950			
OFFICE EXPENSE	7,429			
Partner Charity Promotion Gifts	66,639			
STORAGE SPACE	2,779			
SUPPLIES	2,600			
WEBSITE	18,072			

## TY 2015 Taxes Schedule

**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

**EIN:** 20-5658982

**Software ID:** 15000324

**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER	85			

## Schedule of Contributors

OMB No 1545-0047

2015

- Attach to Form 990, 990-EZ, or 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

**Employer identification number**

LOS ANGELES TRIAL LAWYERS CHARITIES  
A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

20-565898

**Organization type (check one)**

**Filers of:**

## Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ► \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP		<b>Employer identification number</b> 20-5658982	
<b>Part I</b> <b>Contributors</b> (see Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )



<b>Name of organization</b> LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP	<b>Employer identification number</b> 20-5658982
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

**Additional Data**

**Software ID:** 15000324  
**Software Version:** 2015v2.0  
**EIN:** 20-5658982  
**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES  
A CA NONPROFIT PUBLIC BENEFIT CORP

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID DERUBERTIS 4219 Coldwater Canyon Avenue STUDIO CITY, CA 91604	\$ 22,850	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
2	MICHAEL ALDER 1875 Century Park East 15th F LOS ANGELES, CA 90067	\$ 10,050	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
3	Patrick C Farber & Associates 1851 East First Street Suite SANTA ANA, CA 90275	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
4	ARASH Homampour 15303 VENTURA BLVD STE 1000 SHERMAN OAKS, CA 91403	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
5	CONAL DOYLE 280 South Beverly Drive 504 BEVERLY HILLS, CA 90212	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
6	GERALD MARCUS 24025 Park Sorrento Suite 430 CALABASAS, CA 91302	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>ADAM SHEA</u> 11111 SANTA MONICA BLVD 700  LOS ANGELES, CA 90025	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
8	FindLaw Inc  610 Opperman Drive C2S353  EAGAN, MN 55123	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
9	<u>BOBBY SADIAN</u> 3055 Wilshire BLVD 12th FL  LOS ANGELES, CA 90010	\$ 5,450	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
10	<u>ALAN GURVEY</u> 5900 SEPULVEDA BLVD STE 500  VAN NUYS, CA 91411	\$ 7,650	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
11	<u>BRIAN PANISH</u> 11111 SANTA MONICA BLVD 700  LOS ANGELES, CA 90025	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
12	<u>DAVID RING</u> 10900 WILSHIRE BLVD STE 920  LOS ANGELES, CA 90024	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRUCE TRANEY 11150 West Olympic Blvd 1080 LOS ANGELES, CA 90064	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
14	Doctors on Liens Inc 15233 Ventura Blvd ste 1004 sherman oaks, CA 91402	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
15	Elkins Jones Insurance Agency Inc 12100 WILSHIRE BLVD STE 300 LOS ANGELES, CA 90025	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
16	ANDREW ELLIS 883 N DOUGLAS STREET EL SEGUNDO, CA 90245	\$ 12,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
17	ARNOLDO CASILLAS 3777 Long Beach Blvd 3rd Fl LONG BEACH, CA 90807	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
18	CHRISTOPHER DOLAN 1438 MARKET ST SAN FRANCISCO, CA 94102	\$ 8,750	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CHRISTOPHER RUSSELL 1401 DOVE ST 310 NEWPORT BEACH, CA 92660	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
20	DAVID BROWN 23326 Hawthorne Blvd STE 380 TORRANCE, CA 90505	\$ 10,221	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
21	DAVID LESSER 111 N Sepulveda Blvd Ste 250 MANHATTAN BEACH, CA 90266	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
22	FARID YAGHOUBTIL 1850 E 15TH STREET LOS ANGELES, CA 90021	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
23	FUND CAPITAL AMERICA 714 W OLYMPIC BLVD 710 LOS ANGELES, CA 90015	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
24	GARY DORDICK 509 S BEVERLY DRIVE BEVERLY HILLS, CA 90212	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GENE SULLIVAN 120 S SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	\$ 16,250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
26	GENIE HARRISON 523 W 6TH ST 450 LOS ANGELES, CA 90014	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
27	GLOBAL FINANCIAL 2601 AIRPORT DR STE 380 TORRANCE, CA 90505	\$ 6,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
28	HAHN BOWERSOCK 151 KALMUS DRIVE COSTA MESA, CA 92626	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
29	HARRY PLOTKIN 212 MADELINE DR MONROVIA, CA 91016	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
30	HEALTHCARE FINANCIAL SOLUTIONS 17525 VENTURA BLVD ENCINO, CA 91316	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<p><u>HEALTHPOINTE</u> 16702 VALLEY VIEW AVE LA MIRADA, CA 90638</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
32	<p><u>HEKMAT ORTHOPEDICS</u> 9763 WPICO BLVD 200 LOS ANGELES, CA 90035</p>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
33	<p><u>HOWARD KORNBERG</u> 10880 WILSHIRE BLVD 1840 LOS ANGELES, CA 90024</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
34	<p><u>JAMSPOLSKY</u> 500 N STATE COLLEGE BLVD ORANGE, CA 92868</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
35	<p><u>JOEL FARAR</u> 11111 SANTA MONICA BLVD 620 LOS ANGELES, CA 90025</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
36	<p><u>JUDICATE WEST</u> 11601 WILSHIRE BLVD 2040 LOS ANGELES, CA 90025</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<u>KARINA LALLANDE</u> 111 W OCEAN BLVD 19  LONG BEACH, CA 90802	\$ 7,810	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
38	<u>KEVIN BOYLE</u> 11111 SANTA MONICA BLVD 700  LOS ANGELES, CA 90025	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
39	<u>KEY HEALTH</u> 5601 LINDERO CANYON RD 220  WESTLAKE VILLAGE, CA 91362	\$ 5,310	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
40	<u>KUSAR COURT REPORTERS</u> 111 W OCEAN BLVD 1200  LONG BEACH, CA 90802	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
41	<u>LA WRENCE LALLANDE</u> 111 W OCEAN BLVD 19  LONG BEACH, CA 90802	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
42	<u>LEN BLONDER EPS</u> 9841 Airport BLVD STE 1040  LOS ANGELES, CA 90045	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>MEDICAL FINANCE USA</u> 160 CHESTERFIELD DR STE 200  <u>CARDIFF BY THE SEA, CA 92007</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
44	<u>MIKE ARIAS</u> 6201 CENTER DRIVE W STE 1400  <u>LOS ANGELES, CA 90045</u>	\$ 30,182	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
45	<u>MOTION LIT</u> 555 RIVERDALE DRIVE  <u>GLENDALE, CA 91204</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
46	<u>NICHOLAS ROWLEY</u> 8827 W OLYMPIC BLVD  <u>BEVERLY HILLS, CA 90211</u>	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
47	<u>ON-CALL LEGAL</u> 1875 CENTURY PARK EAST  <u>LOS ANGELES, CA 90067</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
48	<u>PAUL KIESEL</u> 8648 WILSHIRE BLVD  <u>BEVERLY HILLS, CA 90211</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<p><u>PERSONAL COURT REPORTERS</u> 316 W 2ND STREET STE 200 LOS ANGELES, CA 90012</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
50	<p><u>PHYSICIANS LIFE CARE PLANNING</u> 11550 IH 10 West Suite 375 SAN ANTONIO, TX 78230</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
51	<p><u>RA PHYSICAL REHABILITATION</u> 1537 S LA CIENEGA BLVD LOS ANGELES, CA 90035</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
52	<p><u>RICARDO ECHEVERRIA</u> 600 S INDIAN HILL BLVD CLAREMONT, CA 91711</p>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
53	<p><u>ROBERT SIMON</u> 11755 Wilshire Blvd 1170 LOS ANGELES, CA 90025</p>	\$ 24,250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
54	<p><u>RON BECKLARRY H PARKER</u> 350 E SAN ANTONIO DR LONG BEACH, CA 90807</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<u>Shernoff Bidart Echeverria Bent</u> <u>600 S INDIAN HILL BLVD</u> <u>CLAREMONT, CA 91711</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
56	<u>TOM GIRARDI</u> <u>1126 WILSHIRE BLVD</u> <u>LOS ANGELES, CA 90017</u>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
57	<u>TOTAL CARE MEDICAL</u> <u>1429 E Thousand Oaks Blvd 210</u> <u>THOUSAND OAKS, CA 91360</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
58	<u>USA Express Harry Kazakian</u> <u>21031 VENTURA BLVD 920</u> <u>WOODLAND HILLS, CA 91364</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
59	<u>VALDEZ TEAM</u> <u>601 S FIGUEROA ST 4050</u> <u>LOS ANGELES, CA 90017</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
60	<u>VAR FOX</u> <u>601 S FIGUEROA ST 4000</u> <u>LOS ANGELES, CA 90017</u>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<u>WALKER ADVERTISING</u> <u>1010 S CABRILLO AVE</u> <u>SAN PEDRO, CA 90731</u>	\$ 12,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )