

| Part II Balance Sheets | | 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 | | | |
| Assets | 1 | Cash—non-interest-bearing | 702,515 | 696,238 | 696,238 | | |
| | 2 | Savings and temporary cash investments | | | | | |
| | 3 | Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | | | |
| | 4 | Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | | | |
| | 8 | Inventories for sale or use | | | | | |
| | 9 | Prepaid expenses and deferred charges | | | | | |
| | 10a | Investments—U S and state government obligations (attach schedule) | | | | | |
| | b | Investments—corporate stock (attach schedule) | | | | | |
| | c | Investments—corporate bonds (attach schedule) | | | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | | | |
| | 12 | Investments—mortgage loans | | | | | |
| | 13 | Investments—other (attach schedule) | | | | | |
| | 14 | Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | | | |
| 15 | Other assets (describe ▶ _____) | | | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 702,515 | 696,238 | 696,238 | | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| | 19 | Deferred revenue | | | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| | 22 | Other liabilities (describe ▶ _____) | | 7,056 | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | 7,056 | | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | | | |
| | 24 | Unrestricted | 702,515 | 689,182 | | | |
| | 25 | Temporarily restricted | | | | | |
| | 26 | Permanently restricted | | | | | |
| | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31. | | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | | | |
| | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| | 30 | Total net assets or fund balances (see instructions) | 702,515 | 689,182 | | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . | 702,515 | 696,238 | | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|---------|
| 1 | 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) | 1 | 702,515 |
| 2 | Enter amount from Part I, line 27a | 2 | -8,688 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 693,827 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 | 4,645 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 | 689,182 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (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 | | | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|---|--|---|
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) 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)) |
|--|--|--|---|
| 2016 | | | |
| 2015 | | | |
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |

| | | |
|---|----------|--|
| 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 2017 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 instructions)

| | | | |
|-----------|---|-----------|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) | | |
| 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 | 1 | 0 |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2. | 3 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | |
| 6 | Credits/Payments | | |
| a | 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a | |
| b | Exempt foreign organizations—tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d. | 7 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----------|------------|
| 1a 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? | 1a | No |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <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> | 1b | No |
| c Did the foundation file Form 1120-POL for this year? | 1c | No |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ | | |
| 2 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> | 2 | No |
| 3 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> | 3 | No |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | No |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i> | 5 | No |
| 6 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? | 6 | No |
| 7 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> | 7 | Yes |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____ | | |
| 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> . | 8b | Yes |
| 9 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> | 9 | No |
| 10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> | 10 | No |

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.org | 13 | Yes | |
| 14 | The books are in care of LISSA M ZANVILLE Telephone no (844) 445-2852 | | | |

Located at **2708 WILSHIRE BLVD 391 SANTA MONICA CA** ZIP+4 **90403**

| | | | | |
|-----------|--|-----------|------------|-----------|
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 | | | |
| 16 | At any time during calendar year 2017, 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.

| | | | | |
|-----------|--|-----------|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly) | | Yes | No |
| | (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 any 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> | 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 2017? <input type="checkbox"/> | 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <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 not 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 all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> | 2b | | No |
| c | If the provisions of section 4942(a)(2) are being applied to any 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 2017 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 2017). <input type="checkbox"/> | 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 2017? | 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))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> | 5b | No |
| 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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6b | No |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7b | No |

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).

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) 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."

| (a) Name and address of each employee paid more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000. ▶

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 | |
| | |
| | |

Total. 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 | Total (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 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 0 |
| 6 | Minimum investment return. 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 2017 from Part VI, line 5. | 2a | |
| b | Income tax for 2017 (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 | Distributable amount 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 | 705,081 |
| 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 705,081 |
| 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 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 705,081 |

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 2016 | (c) 2016 | (d) 2017 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 0 |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only. | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | | |
| a From 2012. | | | | |
| b From 2013. | | | | 56,500 |
| c From 2014. | | | | 145,400 |
| d From 2015. | | | | 336,040 |
| e From 2016. | | | | 476,401 |
| f Total of lines 3a through e. | 1,014,341 | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 705,081 | | | | |
| a Applied to 2016, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | 0 | | | |
| d Applied to 2017 distributable amount. | | | | |
| e Remaining amount distributed out of corpus | 705,081 | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,719,422 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c 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. | | | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | | | |
| e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 | | | | 0 |
| 7 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). | | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | 1,719,422 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2013. | | | | 56,500 |
| b Excess from 2014. | | | | 145,400 |
| c Excess from 2015. | | | | 336,040 |
| d Excess from 2016. | | | | 476,401 |
| e Excess from 2017. | | | | 705,081 |

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 2017, enter the date of the ruling. ▶ | | | | | |
| 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 | Tax year | Prior 3 years | | | (e) Total |
| | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | |
| 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 <input type="checkbox"/> 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 2708 WILSHIRE BLVD 391 SANTA MONICA, CA 90403 (844) 445-2852 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) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | 3a | 705,081 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | 3b | |

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 | |
| 1 Program service revenue | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f _____ | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments. . . . | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | |
| 4 Dividends and interest from securities. . . . | | | | | | |
| 5 Net rental income or (loss) from real estate | | | | | | |
| a Debt-financed property. | | | | | | |
| b Not debt-financed property. | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | |
| 7 Other investment income. | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). . | | | | | | |
| 13 Total. Add line 12, columns (b), (d), and (e). | | | | | | |

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | Yes | No |
|--|-----|----|
|--|-----|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1a(1) | No |
|--------------|-----------|

| | |
|-------|----|
| 1a(2) | No |
|-------|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1b(1) | No |
|--------------|-----------|

| | |
|--------------|-----------|
| 1b(2) | No |
|--------------|-----------|

| | | |
|--------------|--|-----------|
| 1b(3) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(4) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(5) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(6) | | No |
|--------------|--|-----------|

| | | |
|----|--|----|
| 1c | | No |
|----|--|----|

value
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

* * * * *

2018-08-17

* * * * *

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

MARC L EDWARDS

Preparer's Signature

Date _____

Check if self-employed ☒

PTIN

P01330814

Firm's name ► EDWARDS & LIPTZ

Firm's address ► 18321 VENTURA BLVD STE 320

TARZANA, CA 913564252

Firm's EIN ► 95-4772082

Phone no (818) 344-8200

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

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---|---|---|---|---------------------------------------|
| KRISTINE GALLO | Director 0 00 | 0 | | |
| 1875 CENTURY PARK EAST 1500 LOS ANGELES, CA 90067 | | | | |
| PEJMAN BEN-COHEN | Legacy&Ldrship 0 00 | 0 | | |
| 8827 West Olympic Boulevard LOS ANGELES, CA 90211 | | | | |
| SCOTT J CORWIN | Past 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 | | | | |
| MEGAN KLEIN | Director 0 00 | 0 | | |
| 111 WEST OCEAN BLVD 19TH FL LONG BEACH, CA 90802 | | | | |
| AIMEE KIRBY | PAST 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 | | | | |
| TWILA WHITE | Director 0 00 | 0 | | |
| 6033 W CENTURY BLVD STE 810 LOS ANGELES, CA 90045 | | | | |
| SPENCER LUCAS | Director 0 00 | 0 | | |
| 11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025 | | | | |
| MICHAEL ALDER | President 0 00 | 0 | | |
| 1875 Century Park East 1500 LOS ANGELES, CA 90067 | | | | |
| MINH T NGUYEN | PAST PRESIDENT 0 00 | 0 | | |
| 111 W OCEAN BLVD 19TH FL LONG BEACH, CA 90802 | | | | |
| ROBERT T SIMON | Legacy&Ldrship 0 00 | 0 | | |
| 34 HERMOSA AVENUE HERMOSA BEACH, CA 90254 | | | | |
| BRUCE TRANEY | Legacy&Ldrship 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 | Legacy&Ldrship 0 00 | 0 | | |
| 4219 Coldwater Canyon Avenue STUDIO CITY, CA 91604 | | | | |

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation | | | | |
|--|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| 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 | | | | |
| JUSTINA RAMON | Director 0 00 | 0 | | |
| 883 NORTH DOUGLAS STREET EL SEGUNDO, CA 90245 | | | | |
| GERALDINE WEISS | President ELECT 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 | Treasurer 0 00 | 0 | | |
| 4219 COLDWATER CANYON BLVD STUDIO CITY, CA 91604 | | | | |
| GERALD MARCUS | Vice President 0 00 | 0 | | |
| 24025 Park Sorrento Suite 430 CALABASAS, CA 91302 | | | | |
| MAURO FIORE | Director 0 00 | 0 | | |
| 136 East Lemon Avenue MONROVIA, CA 91016 | | | | |
| 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 | | | | |
| SARAH POPELKA | DIR OPERATIONS 0 00 | 0 | | |
| 11766 WILSHIRE BLVD STE 1160 LOS ANGELES, CA 90025 | | | | |
| NICHOLAS ROWLEY | Director 0 00 | 0 | | |
| 8827 WEST OLYMPIC BLVD LOS ANGELES, CA 90211 | | | | |
| LISSA ZANVILLE | Executive Dir 40 00 | 72,000 | | |
| 4928 BELLAIRE AVENUE VALLEY VILLAGE, CA 91607 | | | | |
| LAUREN WOOD | Director 0 00 | 0 | | |
| 300 E ESPLANDE DR STE 1180 OXNARD, CA 93036 | | | | |
| KARINA LALLANDE | Director 0 00 | 0 | | |
| 903 State Street Suite 213 SANTA BARBARA, CA 93031 | | | | |

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

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---|---|--|--|--|
| GENE SULLIVAN 120 SEPULVEDA BLVD MANHATTAN BEACH, CA 90266 | Director 0 00 | 0 | | |
| DANIEL KRAMER 1801 CENTURY PARK EAST 1100 LOS ANGELES, CA 90067 | | | | |
| CHRIS AUMAIS 1126 WILSHIRE BLVD LOS ANGELES, CA 90017 | Director 0 00 | 0 | | |
| BOBBY SAADIAN 3005 WILSHIRE BLVD 12TH FL LOS ANGELES, CA 90010 | | | | |
| ANDY ELLIS 883 NORTH DOUGLAS ST EL SEGUNDO, CA 90245 | Director 0 00 | 0 | | |
| | | | | |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| TEAM PRIME TIMEPO BOX 241496 LOS ANGELES, CA 90024 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 12,500 |
| VISTA DEL MAR CHILD FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 24,896 |
| TOBERMAN NEIGHBORHOOD CENTER 131 NORTH GRAND AVENUE SAN PEDRO, CA 90731 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 25,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| CLARE FOUNDATION INC909 PICO BLVD SANTA MONICA, CA 90405 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| IMAGINE LA 5455 WILSHIRE BLVD STE 1001 LOS ANGELES, CA 90036 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| VENICE COMMUNITY HOUSING CORP 720 ROSE AVENUE VENICE, CA 90291 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a Paid during the year | | | | |
| KIWANIS CLUB KESCA 11127 ORCAS AVENUE SYLMAR, CA 91342 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| 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 | 15,000 |
| Total ▶ 3a | | | | 705,081 |


| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| Alliance College Ready Public Schoo 601 South Figueroa Street 4th FL LOS ANGELES, CA 90017 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| AVIVA Family Children's Services 7120 FRANKLIN AVENUE LOS ANGELES, CA 90029 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 10,000 |
| CASA Los Angeles 201 Centre Plaza Drive Suite 1100 MONTEREY PARK, CA 91754 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 12,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| Downtown Women's Center 442 South San Pedro Street LOS ANGELES, CA 90013 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,485 |
| LOS ANGELES MISSION303 E 5th St LOS ANGELES, CA 90013 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Pediatric Cancer Research Foundatio 9272 Jeronimo Road Suite 122 IRVINE, CA 92618 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 5,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| ST ANNE's155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 25,000 |
| RAPE FOUNDATION 1223 Wilshire Blvd No 410 LOS ANGELES, CA 90403 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 5,000 |
| US VETS INC 800 W 6TH STREET SUITE 1505 LOS ANGELES, CA 90017 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 35,000 |
| 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 | 5,000 |
| OUR HOUSE GREIF SUPPORT CENTER 1663 SAWTELLE BLVD STE 300 LOS ANGELES, CA 90025 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 12,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| 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 | 15,000 |
| BLIND CHILDREN'S CENTER 4120 Marathon Street LOS ANGELES, CA 90029 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| CHILD ADVOCACY CENTER POMONA 363 S PARK AVENUE POMONA, CA 91766 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 7,500 |
| EXCEPTIONAL CHILDREN'S FOUNDATION 8740 WASHINGTON BLVD CULVER CITY, CA 90232 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 20,000 |
| JEWISH FAMILY SERVICES OF LA 3580 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90010 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 25,000 |
| Total  | | | | 705,081 |
| 3a | | | | |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| ABILITY FIRST1300 E GREEN STREET PASADENA, CA 91106 | NONE | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| CITY HEARTSPO BOX 1314 TOPANGA, CA 90290 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| EL NIDO FAMILY CENTERS 10200 Sepulveda BLVD Suite 350 MISSION HILLS, CA 91345 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| FIRST PLACE FOR YOUTH 426 17TH STREET OAKLAND, CA 94612 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| LA LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 90028 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| THE GIVING SPIRIT 11693 SAN VINCENTE BLVD STE 113 LOS ANGELES, CA 90049 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 8,300 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| THE HARMONY PROJECT 817 VINE STREET 212 LOS ANGELES, CA 90038 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 25,000 |
| WESTSIDE CHILDREN'S CENTER 12120 WAGNER STREET CULVER CITY, CA 90230 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| A PLACE CALLED HOME 2830 SOUTH CENTRAL AVE LOS ANGELES, CA 90011 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 10,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| AIRPORT MARINA COUNSELING 7891 LA TIJERA BLVD LOS ANGELES, CA 90045 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 7,500 |
| BLESSINGS IN A BACKPACK 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 18,500 |
| BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 7,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| FOOTHILL FAMILY SERVICE 2500 E FOOTHILL BLVD 300 PASADENA, CA 91107 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| FOOTHILL UNITY CARE 415 W CHESTNUT STREET MONROVIA, CA 91016 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 9,400 |
| FREEFROM719 CRESTMOORE PLACE VENICE, CA 90291 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 7,500 |
| Total ▶ 3a | | | | 705,081 |


| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| HAYNES FAMILY OF PROGRAMS 233 W BASELINE RD LA VERNE, CA 91750 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 8,000 |
| HOOP FOUNDATION 1201 NORTH LA BREA AVE 33 INGLEWOOD, CA 90302 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 11,000 |
| INDEPENDENCE CENTER 3640 SOUTH SEPULVEDA BLVD 102 LOS ANGELES, CA 90034 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 3,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| JOHN TRACY CLINIC806 W ADAMS BLVD LOS ANGELES, CA 90007 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE 330 STUDIO CITY, CA 91604 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| NEW PROSPECT BAPTIST CHURCH 10910 S BROADWAY LOS ANGELES, CA 90061 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| NEXTSTEP FITNESS 4447 REDONDO BEACH BLVD LAWNDALE, CA 90260 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| PEDIATRIC BRAIN TUMOR FOUNDATION 16911 SAN FERNANDO MISSION BLVD405 GRANADA HILLS, CA 91344 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| POPS THE CLUBPO BOX 10461 MARINA DEL REY, CA 90295 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 3,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| RED STAR RIDERSPO BOX 29186 LOS ANGELES, CA 90029 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 2,500 |
| SAN FERNANDO VLLY COMM MENTAL HLTH 16360 ROSCOE BLVD 200 VAN NUYS, CA 91406 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 4,000 |
| TRIUMPH FOUNDATION 17186 HICKORY RIDGE COURT CANYON COUNTRY, CA 91387 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 11,000 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| VLNTR CTR- SOUTH BAY-HARBOR-LONG BE 1230 CRAVENS AVENUE TORRANCE, CA 90501 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 6,000 |
| WALK WITH SALLY 840 APOLLO STREET SUITE 324 EL SEGUNDO, CA 90245 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 3,500 |
| PATH340 N MADISON AVENUE LOS ANGELES, CA 90004 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 7,500 |
| Total ▶ 3a | | | | 705,081 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| PEOPLE CONCERN OPCC 2116 ARLINGTON AVENUE LOS ANGELES, CA 90018 | | EOF | TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE | 15,000 |
| Total  | | | | 705,081 |
| 3a | | | | |

TY 2017 Accounting Fees Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES
A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 17005038

Software Version: 2017v2.2

Accounting Fees Schedule

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------|---------------|----------------------------------|--------------------------------|--|
| PROFESSIONAL FEES | 4,835 | 0 | 0 | 0 |

TY 2017 Other Decreases Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES
A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 17005038

Software Version: 2017v2.2

| Description | Amount |
|------------------|--------|
| OTHER ADJUSTMENT | 4,645 |

TY 2017 Other Expenses Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES
A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 17005038

Software Version: 2017v2.2

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| 2016 & 2017 Turkey Giveaways | 64,687 | | | |
| ADVERTISING | 16,482 | | | |
| ASSOCIATION MANAGEMENT SOFTWARE | 7,594 | | | |
| BANK CHARGES | 178 | | | |
| BOARD MEETING DINNERS MEALS | 9,760 | | | |
| CAALA CONVENTION | 13,708 | | | |
| COMPUTER AND INTERNET | 169 | | | |
| CREDIT CARD PROCESSING FEES | 8,620 | | | |
| DIRECT GIVING | 2,500 | | | |
| FILING FEES | 150 | | | |

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| FUNDRAISING EXPENSES | 382 | | | |
| INSURANCE | 2,853 | | | |
| OFFICE EXPENSE | 4,125 | | | |
| OTHER MISC | 4,255 | | | |
| PARKING & TOLLS | 216 | | | |
| Partner Charity Promotion Gifts | 6,269 | | | |
| PAYROLL | 8,015 | | | |
| PENALTIES | 37 | | | |
| POSTAGE & DELIVERY | 94 | | | |
| SCHOLARSHIP PROGRAM | 7,500 | | | |

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------|---|----------------------------------|--------------------------------|--|
| STORAGE SPACE | 8,508 | | | |
| SUPPLIES | 4,931 | | | |
| TELEPHONE | 1,598 | | | |
| TOTAL CASINO NIGHT | 301,113 | | | |
| TOTAL GOLF TOURNAMENT | 108,487 | | | |
| TRAINING | 355 | | | |
| TRYKE GIVEAWAY | 22,685 | | | |
| WEBSITE | 6,825 | | | |
| YOUTH SPORTS PROGRAM | 20,209 | | | |

TY 2017 Other Liabilities Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES
A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 17005038

Software Version: 2017v2.2

| Description | Beginning of Year - Book Value | End of Year - Book Value |
|---------------------|-----------------------------------|-----------------------------|
| US BANK CREDIT CARD | | 7,056 |

TY 2017 Taxes Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES
A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 17005038

Software Version: 2017v2.2

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|
| OTHER | 10 | | | |

| | | |
|--|--|---|
| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Schedule of Contributors ▶ 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 | OMB No 1545-0047 2017 |
| | Name of the organization LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP | Employer identification number 20-5658982 |

Organization type (check one)

| | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 33¹/₃% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP | Employer identification number 20-5658982 |
|--|---|

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 |
|------------|---|----------------------------|--|
| — | See Additional Data Table _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

20-5658982

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

| | |
|--|---|
| Name of organization LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP | Employer identification number 20-5658982 |
|--|---|

| | |
|-----------------|--|
| 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 |
|-----------------|--|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------------------------|-------------------------|--|
| | <div></div> <div></div> | <div></div> <div></div> | <div></div> <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> <div></div> | <div></div> <div></div> | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> <div></div> | <div></div> <div></div> | <div></div> <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> <div></div> | <div></div> <div></div> | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> <div></div> | <div></div> <div></div> | <div></div> <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> <div></div> | <div></div> <div></div> | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> <div></div> | <div></div> <div></div> | <div></div> <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> <div></div> | <div></div> <div></div> | |

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
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 |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | DAVID DERUBERTIS | \$ 31,250 | Person <input checked="" type="checkbox"/> |
| | 4219 Coldwater Canyon Avenue | | Payroll <input type="checkbox"/> |
| | STUDIO CITY, CA91604 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>2</u> | MINH NGUYEN | \$ 22,775 | Person <input checked="" type="checkbox"/> |
| | 111 West Ocean BLVD 19th FL | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90802 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>3</u> | SCOTT J CORWIN | \$ 18,750 | Person <input checked="" type="checkbox"/> |
| | 11766 WILSHIRE BLVD STE 1160 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90025 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>4</u> | MICHAEL ALDER | \$ 25,998 | Person <input checked="" type="checkbox"/> |
| | 1875 Century Park East 15th F | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90067 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>5</u> | ROBERT SIMON | \$ 25,390 | Person <input checked="" type="checkbox"/> |
| | 34 Hermosa Avenue | | Payroll <input type="checkbox"/> |
| | HERMOSA BEACH, CA90254 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>6</u> | ARASH Homampour | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 15303 VENTURA BLVD STE 1000 | | Payroll <input type="checkbox"/> |
| | SHERMAN OAKS, CA91403 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>7</u> | GARY DORDICK | \$ 7,500 | Person <input checked="" type="checkbox"/> |
| | 509 South Beverly Drive | | Payroll <input type="checkbox"/> |
| | BEVERLY HILLS, CA90212 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>8</u> | CONAL DOYLE | \$ 12,040 | Person <input checked="" type="checkbox"/> |
| | 9401 Wilshire Blvd Ste 608 | | Payroll <input type="checkbox"/> |
| | BEVERLY HILLS, CA90212 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>9</u> | MAURO FIORE | \$ 28,550 | Person <input checked="" type="checkbox"/> |
| | 136 East Lemon Avenue | | Payroll <input type="checkbox"/> |
| | MONROVIA, CA91016 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>10</u> | GERALD MARCUS | \$ 39,500 | Person <input checked="" type="checkbox"/> |
| | 24025 Park Sorrento Suite 430 | | Payroll <input type="checkbox"/> |
| | CALABASAS, CA91302 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>11</u> | ADAM SHEA | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 11111 SANTA MONICA BLVD 700 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90025 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>12</u> | MICHAEL WAKS | \$ 6,150 | Person <input checked="" type="checkbox"/> |
| | 300 East San Antonio Drive | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90807 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>13</u> | BOBBY SAADIAN | \$ 35,350 | Person <input checked="" type="checkbox"/> |
| | 3055 Wilshire BLVD 12th FL | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90010 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>14</u> | JAMES DESIMONE | \$ 10,500 | Person <input checked="" type="checkbox"/> |
| | 715 Freemont Avenue Suite A | | Payroll <input type="checkbox"/> |
| | SOUTH PASADENA, CA91030 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>15</u> | RICARDO Echeverria | \$ 25,450 | Person <input checked="" type="checkbox"/> |
| | 600 South Indian Hill BLVD | | Payroll <input type="checkbox"/> |
| | CLAREMONT, CA91711 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>16</u> | THOMAS GIRARDI | \$ 14,500 | Person <input checked="" type="checkbox"/> |
| | 1126 Wilshire Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90017 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>17</u> | ALAN GURVEY | \$ 25,025 | Person <input checked="" type="checkbox"/> |
| | 5900 SEPULVEDA BLVD STE 500 | | Payroll <input type="checkbox"/> |
| | VAN NUYS, CA91411 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>18</u> | MICHAEL MARZBAN | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 16000 VENTURA BLVD STE 700 | | Payroll <input type="checkbox"/> |
| | ENCINO, CA91436 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>19</u> | DAVID RING | \$ 35,225 | Person <input checked="" type="checkbox"/> |
| | 10900 WILSHIRE BLVD STE 920 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90024 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>20</u> | ROBERT Ounjian | \$ 5,040 | Person <input checked="" type="checkbox"/> |
| | 8827 West Olympic Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>21</u> | ANDREW ELLIS | \$ 30,175 | Person <input checked="" type="checkbox"/> |
| | 883 N DOUGLAS STREET | | Payroll <input type="checkbox"/> |
| | EL SEGUNDO, CA90245 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>22</u> | CHRISTOPHER DOLAN | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 1438 MARKET ST | | Payroll <input type="checkbox"/> |
| | SAN FRANCISCO, CA94102 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>23</u> | GENE SULLIVAN | \$ 10,025 | Person <input checked="" type="checkbox"/> |
| | 120 S SEPULVEDA BLVD | | Payroll <input type="checkbox"/> |
| | MANHATTAN BEACH, CA90266 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>24</u> | HOWARD KORNBERG | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 10880 WILSHIRE BLVD 1840 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90024 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>25</u> | KARINA LALLANDE | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 111 W OCEAN BLVD 19 | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90802 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>26</u> | LAWRENCE LALLANDE | \$ 10,100 | Person <input checked="" type="checkbox"/> |
| | 111 W OCEAN BLVD 19 | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90802 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>27</u> | MIKE ARIAS | \$ 117,296 | Person <input checked="" type="checkbox"/> |
| | 6201 CENTER DRIVE W STE 1400 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90045 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>28</u> | NICHOLAS ROWLEY | \$ 42,556 | Person <input checked="" type="checkbox"/> |
| | 8827 W OLYMPIC BLVD | | Payroll <input type="checkbox"/> |
| | BEVERLY HILLS, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>29</u> | PAUL KIESEL | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 8648 WILSHIRE BLVD | | Payroll <input type="checkbox"/> |
| | BEVERLY HILLS, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>30</u> | AIMEE KIRBY | \$ 7,350 | Person <input checked="" type="checkbox"/> |
| | 738 Rosecrans | | Payroll <input type="checkbox"/> |
| | MANHATTAN BEACH, CA90266 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | ARI RESNICK | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 17525 Ventura Blvd Suite 200 | | Payroll <input type="checkbox"/> |
| | ENCINO, CA91316 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 32 | CHRISTOPHER AUMAIS | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 1126 Wilshire Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90017 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 33 | COURTNEY ROWLEY | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 8827 West Olympic Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 34 | DAVID REINARD | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 3020 OLD RANCH PKWY STE 300 | | Payroll <input type="checkbox"/> |
| | SEAL BEACH, CA90740 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 35 | FARRIS TARAZI | \$ 8,000 | Person <input checked="" type="checkbox"/> |
| | 343 E PALMDALE BLVD STE 5B | | Payroll <input type="checkbox"/> |
| | PALMDALE, CA93350 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 36 | JERI KUSAR | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 111 W OCEAN BLVD STE 1200 | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90820 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>37</u> | MANUEL VALDEZ | \$ 13,100 | Person <input checked="" type="checkbox"/> |
| | 402 West BroadwaySuite 1720 | | Payroll <input type="checkbox"/> |
| | SAN DIEGO, CA92101 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>38</u> | PEJMAN BEN-COHEN | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 8827 West Olympic Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>39</u> | REZA Torkzadeh | \$ 6,800 | Person <input checked="" type="checkbox"/> |
| | 11601 Wilshire BLVD 5th FL | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90025 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>40</u> | RYAN CLARKSON | \$ 14,850 | Person <input checked="" type="checkbox"/> |
| | 9255 W SUNSET BLVD STE 804 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90069 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>41</u> | STEPHEN GLASS | \$ 25,225 | Person <input checked="" type="checkbox"/> |
| | 8827 West Olympic Boulevard | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90211 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| <u>42</u> | VACHE GARABEDIAN | \$ 7,825 | Person <input checked="" type="checkbox"/> |
| | 555 RIVERDALE DRIVE STE D | | Payroll <input type="checkbox"/> |
| | GLENDALE, CA91204 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | ALLISON DIERCKMAN | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 28480 Ave Stanford Suite 100 | | Payroll <input type="checkbox"/> |
| | VALENCIA, CA91355 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 44 | ALEXIS DIAZ | \$ 10,300 | Person <input checked="" type="checkbox"/> |
| | 11 BROADWAY | | Payroll <input type="checkbox"/> |
| | NEW YORK, NY10004 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 45 | AMBER KUSAR | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 11 W OCEAN BLVD STE 1200 | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90802 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 46 | BRADLEY WALLACE | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 16000 Ventura Blvd Suite 440 | | Payroll <input type="checkbox"/> |
| | ENCINO, CA91436 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 47 | CHRISTA TAVOLIERI | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 30699 Russell Ranch RD 17 | | Payroll <input type="checkbox"/> |
| | WESTLAKE VILLAGE, CA91362 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 48 | DANIEL KIPP KRAMER | \$ 10,270 | Person <input checked="" type="checkbox"/> |
| | 1925 Century Park East 1180 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90067 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | HARRY KAZAKIAN | \$ 5,050 | Person <input checked="" type="checkbox"/> |
| | 21031 Ventura Blvd Ste 920 | | Payroll <input type="checkbox"/> |
| | WOODLAND HILLS, CA91364 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 50 | JACOB GONZALEZ | \$ 6,500 | Person <input checked="" type="checkbox"/> |
| | 11550 IH-10 West Suite 375 | | Payroll <input type="checkbox"/> |
| | SAN ANTONIO, TX78230 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 51 | JEFFREY BROWN | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 14 CORPORATE PLAZA | | Payroll <input type="checkbox"/> |
| | NEWPORT BEACH, CA92660 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 52 | KAREN RICHCREEK | \$ 6,500 | Person <input checked="" type="checkbox"/> |
| | 500 North Brand Blvd 3rd Flr | | Payroll <input type="checkbox"/> |
| | GLENDALE, CA91203 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 53 | KAT NABAVI | \$ 25,000 | Person <input checked="" type="checkbox"/> |
| | 21300 Victory Blvd Suite 645 | | Payroll <input type="checkbox"/> |
| | WOODLAND HILLS, CA91367 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 54 | KENT CHOI | \$ 35,650 | Person <input checked="" type="checkbox"/> |
| | 11911 Artesia BlvdSuite 102 | | Payroll <input type="checkbox"/> |
| | CERRITOS, CA90703 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | MARIA DEGARCIA | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 23890 Copper Hill Dr Ste 445 | | Payroll <input type="checkbox"/> |
| | VALENCIA, CA91354 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 56 | MARK BEROOKIM | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 11110 Ohio Avenue Suite 207 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90025 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 57 | MICHAEL ZEA | \$ 6,700 | Person <input checked="" type="checkbox"/> |
| | 151 Kalmus Dr Ste C140 | | Payroll <input type="checkbox"/> |
| | COSTA MESA, CA92626 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 58 | NICO JOHNSON | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 111 W OCEAN BLVD STE 1200 | | Payroll <input type="checkbox"/> |
| | LONG BEACH, CA90802 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 59 | Olivier Alain Taillieu | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 3250 Wilshire Blvd STE 2100 | | Payroll <input type="checkbox"/> |
| | LOS ANGELES, CA90010 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| 60 | REZA MIRROKNIAN | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 15260 VENTURA BLVD STE 1740 | | Payroll <input type="checkbox"/> |
| | SHERMAN OAKS, CA91403 | | Noncash <input type="checkbox"/> (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 | STARR MITCHELL | \$ 11,175 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| | 2601 Airport Drive 360 | | |
| | TORRANCE, CA 90505 | | |
| 62 | STEVE VARTAZARIAN | \$ 10,450 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| | 15250 VENTURA BLVD STE 505 | | |
| | SHERMAN OAKS, CA 91403 | | |