

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.
- Go to www.irs.gov/Form990PF for instructions and the latest information.

2018

Open to Public
Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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) 2708 WILSHIRE BLVD SUITE 391		B Telephone number (see instructions) (844) 445-2852	
City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90403		C If exemption application is pending, check here ► <input type="checkbox"/>	
G Check all that apply <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		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>	
H Check type of organization <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		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"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 474,043		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)		1,213,076		
2	Check ► <input type="checkbox"/> if the foundation is not 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	Total. Add lines 1 through 11	1,213,076	0		
13	Compensation of officers, directors, trustees, etc		83,000		
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	8,023			
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)	160			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	435			
22	Printing and publications				
23	Other expenses (attach schedule)	912,912			
24	Total operating and administrative expenses.		1,004,530	0	0
	Add lines 13 through 23				
25	Contributions, gifts, grants paid	424,085			424,085
26	Total expenses and disbursements. Add lines 24 and 25	1,428,615	0		424,085
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-215,539			
b	Net investment income (if negative, enter -0-)		0		
c	Adjusted net income (if negative, enter -0-)				

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		696,238	474,043	474,043
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)		696,238	474,043	474,043
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	400	
23	Total liabilities (add lines 17 through 22)		7,056	400	
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		689,182	473,643	
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)		689,182	473,643	
31	Total liabilities and net assets/fund balances (see instructions)		696,238	474,043	

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	689,182
2	Enter amount from Part I, line 27a	2	-215,539
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	473,643
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	473,643

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				
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
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

 Yes No

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

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))
2017			
2016			
2015			
2014			
2013			
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 0, 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 2018 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 XIII, 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)	1	0
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		
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	2018 estimated tax payments and 2017 overpayment credited to 2018	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 2019 estimated tax ►	Refunded	11

Part VII-A Statements Regarding Activities

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	Yes	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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	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.latc.org	13	Yes
14	The books are in care of ► <u>LISSA M ZANVILLE</u>	Telephone no	► (844) 445-2852
Located at ► <u>2708 WILSHIRE BLVD 391 SANTA MONICA CA</u>			ZIP+4 ► <u>90403</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here. and enter the amount of tax-exempt interest received or accrued during the year.	15	<input type="checkbox"/>
16	At any time during calendar year 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 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. Organizations relying on a current notice regarding disaster assistance check here.	1b	No <input type="checkbox"/>
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 2018?	1c	No <input type="checkbox"/>
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years ► 20____, 20____, 20____, 20____	2a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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)	2b	No <input type="checkbox"/>
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?	3a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If "Yes," did it have excess business holdings in 2018 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 2018)	3b	No <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No <input type="checkbox"/>
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 2018?	4b	No <input type="checkbox"/>

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))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. (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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	6b	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	7b	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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. ►				

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		

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

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** 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 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (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	424,085
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	424,085
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	424,085
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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.	56,500			
b From 2014.	145,400			
c From 2015.	336,040			
d From 2016.	476,401			
e From 2017.	705,081			
f Total of lines 3a through e.	1,719,422			
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ 424,085				
a Applied to 2017, 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 2018 distributable amount.				
e Remaining amount distributed out of corpus	424,085			
5 Excess distributions carryover applied to 2018 (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	2,143,507			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions)	56,500			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	2,087,007			
10 Analysis of line 9				
a Excess from 2014.	145,400			
b Excess from 2015.	336,040			
c Excess from 2016.	476,401			
d Excess from 2017.	705,081			
e Excess from 2018.	424,085			

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 2018, 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.			
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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 Name and address (home or business)	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
<i>a Paid during the year</i> See Additional Data Table				
Total				► 3a
<i>b Approved for future payment</i>				
Total				► 3b

Part XVI-A Analysis of Income-Producing Activities

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).					
(See worksheet in line 13 instructions to verify calculations.)					

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) 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				
MEGAN KLEIN	Director 0 00	0		
3777 LONG BEACH BLVD 3RD FL LONG BEACH, CA 90807				
AIMEE KIRBY	Legacy&Ldrship 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	PAST PRESIDENT 0 00	0		
1875 Century Park East 1500 LOS ANGELES, CA 90067				
MINH T NGUYEN	PAST PRESIDENT 0 00	0		
3777 LONG BEACH BLVD 3RD FL LONG BEACH, CA 90807				
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	Legacy&Ldrship 0 00	0		
15303 Ventura BLVD STE 1000 SHERMAN OAKS, CA 91403				
DAVID DeRupertis	Legacy&Ldrship 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				

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, (e) other allowances
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 0 00	0		
11755 Wilshire BLVD STE 1170 LOS ANGELES, CA 90025				
STEVEN VARTAZARIAN	Secretary 0 00	0		
15250 Ventura Blvd STE 505 SHERMAN OAKS, CA 91403				
ALYSSA SCHABLOSKI	Vice President 0 00	0		
2708 WILSHIRE BLVD STE 426 SANTA MONICA, CA 90403				
GERALD MARCUS	PRESIDENT ELECT 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				
NICHOLAS ROWLEY	Director 0 00	0		
8827 WEST OLYMPIC BLVD LOS ANGELES, CA 90211				
LISSA ZANVILLE	Executive Dir 40 00	83,000		
4928 BELLAIRE AVENUE VALLEY VILLAGE, CA 91607				
JEFF ALDIKOFF	Director 0 00	0		
9454 Wilshire BLVD Suite 600 BEVERLY HILLS, CA 90212				
LAUREN WOOD	Director 0 00	0		
300 E ESPLANDE DR STE 1180 OXNARD, CA 93036				
DANIEL DESANTIS	Director 0 00	0		
16000 Ventura BLVD Suite 440 ENCINO, CA 91316				
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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, (e) other allowances
THOMAS GIRARDI 1126 WILSHIRE BLVD LOS ANGELES, CA 90017	Director 0 00	0		
GENE SULLIVAN 120 SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	Director 0 00	0		
DANIEL KRAMER 1925 CENTURY PARK EAST 1180 LOS ANGELES, CA 90067	Treasurer 0 00	0		
CHRIS AUMAIS 1126 WILSHIRE BLVD LOS ANGELES, CA 90017	Director 0 00	0		
BOBBY SAADIAN 3005 WILSHIRE BLVD 12TH FL LOS ANGELES, CA 90010	Director 0 00	0		
ANDY ELLIS 883 NORTH DOUGLAS ST EL SEGUNDO, CA 90245	Director 0 00	0		
STEPHEN GLASS 8827 West Olympic BLVD BEVERLY HILLS, CA 90211	Director 0 00	0		
MICHAEL MARZBAN 16000 Ventura BLVD STE 701 ENCINO, CA 91436	Director 0 00	0		
GRISELDA RODRIGUEZ 453 South Spring St Ste 1227 LOS ANGELES, CA 90013	Director 0 00	0		
BELINDA THEAM 3777 LONG BEACH BLVD 3RD FL LONG BEACH, CA 90807	Director 0 00	0		
BRADLEY WALLACE 16000 VENTURA BLVD STE 440 ENCINO, CA 91436	Director 0 00	0		
MICHELLE WEST 19 Corporate Plaza Drive NEWPORT BEACH, CA 92660	Director 0 00	0		
JOSEPH BARRETT 2049 Century Park East 2460 LOS ANGELES, CA 90067	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 Paid during the year				
TEAM PRIME TIMEPO BOX 241496 LOS ANGELES, CA 90024	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
VISTA DEL MAR CHILD FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
CLARE FOUNDATION INC909 PICO BLVD SANTA MONICA, CA 90405	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
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	7,500
KIWANIS CLUB KESCA 21701 AMBAR DRIVE WOODLAND HILLS, CA 91367	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
YOUTH MENTORING CONNECTION 1818 S WESTERN AVE STE 505 LOS ANGELES, CA 90006	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	7,500
Downtown Women's Center 442 South San Pedro Street LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,485
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
LOS ANGELES MISSION 303 E 5th St LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
ST ANNE's 155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	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	10,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
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 GREIF SUPPORT CENTER 1663 SAWTELLE BLVD STE 300 LOS ANGELES, CA 90025	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Total			► 3a	424,085

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				
BLIND CHILDREN'S CENTER 4120 Marathon Street LOS ANGELES, CA 90029	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
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	5,100
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
ABILITY FIRST 1300 E GREEN STREET PASADENA, CA 91106	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
CITY HEART PO BOX 1314 TOPANGA, CA 90290		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
EL NIDO FAMILY CENTERS 10200 Sepulveda BLVD Suite 350 MISSION HILLS, CA 91345		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
Total			► 3a	424,085

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				
FIRST PLACE FOR YOUTH 426 17TH STREET OAKLAND, CA 94612		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
PLAY IT FORWARD 17328 VENTURA BLVD STE 378 ENCINO, CA 91316		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
SOCAL TRYKERS 3117 SILVA STREET LAKEWOOD, CA 90712		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	15,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
THE GIVING SPIRIT 11693 SAN VINCENTE BLVD STE 113 LOS ANGELES, CA 90049		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
THE HARMONY PROJECT 817 VINE STREET 212 LOS ANGELES, CA 90038		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	5,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
AIRPORT MARINA COUNSELING 7891 LA TIJERA BLVD LOS ANGELES, CA 90045		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
FREEFROM719 CRESTMOORE PLACE VENICE, CA 90291		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
HAYNES FAMILY OF PROGRAMS 233 W BASELINE RD LA VERNE, CA 91750		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,000
HOOP FOUNDATION 1201 NORTH LA BREA AVE 33 INGLEWOOD, CA 90302		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE 330 STUDIO CITY, CA 91604		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
NEXTSTEP FITNESS 4447 REDONDO BEACH BLVD LAWNDALE, CA 90260		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
POPS THE CLUBPO BOX 10461 MARINA DEL REY, CA 90295		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
SAN FERNANDO VLLY COMM MENTAL HLTH 16360 ROSCOE BLVD 200 VAN NUYS, CA 91406		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
TRIUMPH FOUNDATION 17186 HICKORY RIDGE COURT CANYON COUNTRY, CA 91387		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	10,000
VLNTR CTR- SOUTH BAY-HARBOR-LONG BE 1230 CRAVENS AVENUE TORRANCE, CA 90501		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
WALK WITH SALLY 840 APOLLO STREET SUITE 324 EL SEGUNDO, CA 90245		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
PATH340 N MADISON AVENUE LOS ANGELES, CA 90004		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,000
PEOPLE CONCERN OPCC 2116 ARLINGTON AVENUE LOS ANGELES, CA 90018		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
9 DOTS931 N Highland Ave LOS ANGELES, CA 90038		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,500
AFRICAN AMER BD LEADERSHIP INST 1000 N ALAMEDA ST 240 LOS ANGELES, CA 90012		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
CASA DE LAS AMIGAS 160 N El Molino Avenue PASADENA, CA 91101		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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				
CHRYsalis CENTER 1853 Lincoln Blvd SANTA MONICA, CA 90404		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
COALITION TO ABOLISH SLAVERY 5042 Wilshire Blvd 586 LOS ANGELES, CA 90036		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
CONEJO FREE CLINIC 80 E Hillcrest Dr 102 THOUSAND OAKS, CA 91360		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
DYNASTY UNITED YOUTH ASSN 826 N BUNKER HILL LOS ANGELES, CA 90012		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
FOOD ON FOOT 9663 SANTA MONICA BLVD 743 BEVERLY HILLS, CA 90210		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
FREE ARTS FOR ABUSED CHILDREN 11099 S LA CIENEGA BLVD 235 LOS ANGELES, CA 90045		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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				
GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, CA 91342		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
HAVEN HILLSPO BOX 260 CANOGA PARK, CA 91305		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
HELUNA HEALTH 13300 CROSSROADS PKWY N 450 INDUSTRY, CA 91746		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
JENESSE CENTERPO BOX 8476 LOS ANGELES, CA 90008		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
LAVA MAE915 VENICE BLVD LOS ANGELES, CA 90015		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
PATHWAYS LA 3325 WILSHIRE BLVD 1100 LOS ANGELES, CA 90010		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

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				
PEDIATRIC BRAIN TUMOR FND 16911 SAN FERNANDO MISSION 405 GRANADA HILLS, CA 91344		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
SKID ROW HOUSING TRUST 1317 E 17TH STREET LOS ANGELES, CA 90021		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
STEAM CODERSPO BOX 90213 PASADENA, CA 91109		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
TEEN CANCER AMERICA 11835 OLYMPIC BLVD 265E LOS ANGELES, CA 90064		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,000
THE MIRACLE PROJECT 9301 WILSHIRE BLVD 307 BEVERLY HILLS, CA 90210		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
UNDERGRAD PREPPO BOX 5125 DIAMOND BAR, CA 91765		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
Total			► 3a	424,085

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)				
<i>a Paid during the year</i>				
UNION STATION HOMELESS SERVCS 825 EAST ORANGE GROVE BLVD PASADENA, CA 91104		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
VISION TO LEARN 11611 SAN VINCENTE BLVD 500 LOS ANGELES, CA 90025		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
YOUTH EMERGING STRONGER 1853 TAFT AVENUE LOS ANGELES, CA 90028		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
Total			► 3a	424,085

TY 2018 Accounting Fees Schedule

Name: LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

EIN: 20-5658982

Software ID: 18007218

Software Version: 2018v3.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	8,023	0	0	0

TY 2018 Other Expenses Schedule

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

EIN: 20-5658982

Software ID: 18007218

Software Version: 2018v3.1

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2017-2019 Turkey Giveaways	74,497			
ADVERTISING	28,905			
ASSOCIATION MANAGEMENT SOFTWARE	10,212			
BANK CHARGES	43			
BOARD MEETING DINNERS MEALS	10,329			
CAALA CONVENTION	24,992			
CREDIT CARD PROCESSING FEES	2,399			
DIRECT GIVING	6,067			
FILING FEES	20			
INSURANCE	3,353			

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	3,288			
PARKING & TOLLS	93			
Partner Charity Promotion Gifts	22,875			
PAYROLL (\$91974-\$83000)	8,974			
POSTAGE & DELIVERY	287			
SCHOLARSHIP PROGRAM	37,500			
STORAGE SPACE	7,818			
SUPPLIES	6,452			
TELEPHONE	1,485			
TOTAL CASINO NIGHT	507,861			

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TOTAL GOLF TOURNAMENT	112,786			
TRYKE GIVEAWAY	634			
WEBSITE	7,463			
YOUTH SPORTS PROGRAM	34,579			

TY 2018 Other Liabilities Schedule

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

EIN: 20-5658982

Software ID: 18007218

Software Version: 2018v3.1

Description	Beginning of Year - Book Value	End of Year - Book Value
US BANK CREDIT CARD	7,056	400

TY 2018 Taxes Schedule

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

EIN: 20-5658982

Software ID: 18007218

Software Version: 2018v3.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER	160			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF
► Go to www.irs.gov/Form990 for the latest information

2018**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

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

Form 990-PF

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 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 990-PF, 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP		Employer identification number 20-5658982	
Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed			
(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	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
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	MINH NGUYEN 3777 LONG BEACH BLVD 3RD FL LONG BEACH, CA 90807	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	SCOTT J CORWIN 11766 WILSHIRE BLVD STE 1160 LOS ANGELES, CA 90025	\$ 25,675	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	MICHAEL ALDER 1875 Century Park East 15th F LOS ANGELES, CA 90067	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	ROBERT SIMON 34 Hermosa Avenue HERMOSA BEACH, CA 90254	\$ 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	ARASH Homampour 15303 VENTURA BLVD STE 1000 SHERMAN OAKS, CA 91403	\$ 12,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	MAURO FIORE 136 East Lemon Avenue MONROVIA, CA 91016	\$ 8,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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	<p>GERALD MARCUS 24025 Park Sorrento Suite 430 CALABASAS, CA 91302</p>	\$ 49,600	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
8	<p>ADAM SHEA 11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025</p>	\$ 16,100	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
9	<p>BOBBY SAADIAN 3055 Wilshire BLVD 12th FL LOS ANGELES, CA 90010</p>	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
10	<p>RICARDO Echeverria 600 South Indian Hill BLVD CLAREMONT, CA 91711</p>	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
11	<p>ALAN GURVEY 5900 SEPULVEDA BLVD STE 500 VAN NUYS, CA 91411</p>	\$ 12,150	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
12	<p>MICHAEL MARZBAN 16000 VENTURA BLVD STE 700 ENCINO, CA 91436</p>	\$ 17,625	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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	ROBERT Ounjian 8827 West Olympic Boulevard LOS ANGELES, CA 90211	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
14	ANDREW ELLIS 883 N DOUGLAS STREET EL SEGUNDO, CA 90245	\$ 30,825	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
15	GENE SULLIVAN 120 S SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
16	GENIE HARRISON 523 W 6TH ST 450 LOS ANGELES, CA 90014	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
17	HOWARD KORNBERG 10880 WILSHIRE BLVD 1840 LOS ANGELES, CA 90024	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
18	LAWRENCE LALLANDE 111 W OCEAN BLVD 19 LONG BEACH, CA 90802	\$ 15,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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>19</u>	<p>NICHOLAS ROWLEY 8827 W OLYMPIC BLVD BEVERLY HILLS, CA 90211</p>	\$ 54,733	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>20</u>	<p>AIMEE KIRBY 738 Rosecrans MANHATTAN BEACH, CA 90266</p>	\$ 8,700	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>21</u>	<p>CURTIS HOLDSWORTH 650 TOWN CENTER DR STE 1850 COSTA MESA, CA 92626</p>	\$ 5,725	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>22</u>	<p>DAVID REINARD 3020 OLD RANCH PKWY STE 300 SEAL BEACH, CA 90740</p>	\$ 6,270	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>23</u>	<p>DOUGLAS SILVERSTEIN 9255 Sunset Boulevard Ste 411 LOS ANGELES, CA 90069</p>	\$ 46,675	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>24</u>	<p>JOHN EMRANI 714 W OLYMPIC BLVD STE 710 LOS ANGELES, CA 90015</p>	\$ 13,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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>25</u>	<p>NICHOLAS LOLOEE 2601 Airport Drive Suite 380 TORRANCE, CA 90505</p>	\$ 11,050	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>26</u>	<p>PEJMAN BEN-COHEN 8827 West Olympic Boulevard LOS ANGELES, CA 90211</p>	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>27</u>	<p>REZA Torkzadeh 11601 Wilshire BLVD 5th FL LOS ANGELES, CA 90025</p>	\$ 10,185	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>28</u>	<p>ROSEMARIE Chiusano Drohan 11601 Wilshire BLVD STE 2040 LOS ANGELES, CA 90025</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>29</u>	<p>RYAN CLARKSON 9255 W SUNSET BLVD STE 804 LOS ANGELES, CA 90069</p>	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>30</u>	<p>SIAMAK VAZARI 9454 Wilshire Blvd Suite 830 BEVERLY HILLS, CA 90212</p>	\$ 6,700	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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>31</u>	<p>STEPHEN GLASS 8827 West Olympic Boulevard LOS ANGELES, CA 90211</p>	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>32</u>	<p>TRACI KAAS 9210 Irvine Center Drive IRVINE, CA 92618</p>	\$ 14,250	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>33</u>	<p>ALLISON DIERCKMAN 28480 Ave Stanford Suite 100 VALENCIA, CA 91355</p>	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>34</u>	<p>BRADLEY WALLACE 16000 Ventura Blvd Suite 440 ENCINO, CA 91436</p>	\$ 21,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>35</u>	<p>DANIEL KIPP KRAMER 1925 Century Park East 1180 LOS ANGELES, CA 90067</p>	\$ 11,945	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>36</u>	<p>JEFFREY BROWN 14 CORPORATE PLAZA NEWPORT BEACH, CA 92660</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>

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>37</u>	<p>KENT CHOI 11911 Artesia Blvd Suite 102 CERRITOS, CA 90703</p>	\$ 36,800	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>38</u>	<p>Olivier Alain Taillieu 3250 Wilshire Blvd STE 2100 LOS ANGELES, CA 90010</p>	\$ 16,250	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>39</u>	<p>STEVE VARTAZARIAN 15250 VENTURA BLVD STE 505 SHERMAN OAKS, CA 91403</p>	\$ 16,700	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>40</u>	<p>ALYSSA Schabloski 2708 Wilshire Boulevard No 4 SANTA MONICA, CA 90403</p>	\$ 8,150	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>41</u>	<p>ANDREW Zeytuntsyan 4605 Lankersheim BLVD 720 NORTH HOLLYWOOD, CA 91602</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
<u>42</u>	<p>ANGEL CARRAZCO 18301 Irvine Blvd TUSTIN, CA 92780</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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	ARASH Khorsandi 2960 Wilshire Blvd 3rd Floor LOS ANGELES, CA 90010	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
44	ARMANDO MEDINA 14520 Sylvan Street VAN NUYS, CA 91401	\$ 6,310	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
45	BRAD AVRIT 4132 Del Rey Avenue MARINA DEL REY, CA 90292	\$ 8,290	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
46	CHARLYNE VIVANCO 777 S Figueroa Street LOS ANGELES, CA 90017	\$ 5,825	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
47	CHRISTOPHER CARPENTER 27134 Paseo Espada B221 SAN JUAN CAPISTRANO, CA 92675	\$ 7,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
48	DARIO HIGUCHI 633 West Sixth St 1000 LOS ANGELES, CA 90071	\$ 8,150	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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>49</u>	<p>EMILY KALLIES 610 Opperman Drive EAGAN, MN 55123</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>50</u>	<p>GARO MARDIGIAN 1201 West Temple Street LOS ANGELES, CA 90026</p>	\$ 5,300	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>51</u>	<p>GERALDINE WEISS 11755 Wilshire BLVD STE 2370 LOS ANGELES, CA 90025</p>	\$ 12,250	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>52</u>	<p>JAMSHID HEKMAT 9763 West Pico BLVD STE 200 LOS ANGELES, CA 90035</p>	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>53</u>	<p>JANE RILEY-PUGH 17602 17TH STREET 102-288 TUSTIN, CA 92780</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>
<u>54</u>	<p>JEFF ALDIKOFF 9454 Wilshire BLVD STE 600 LOS ANGELES, CA 90067</p>	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <p>(Complete Part II for noncash contributions)</p>

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	<p>LARRY GRASSINI 20750 VENTURA BLVD STE 221 WOODLAND HILLS, CA 91364</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
56	<p>LUCIE BARON 1900 AVENUE OF THE STARS 250 LOS ANGELES, CA 90067</p>	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
57	<p>MICHAEL MCLACHAN 44 HERMOSA AVENUE HERMOSA BEACH, CA 90254</p>	\$ 5,395	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
58	<p>MICHELLE CANO 1925 CENTURY PARY EAST C LOS ANGELES, CA 90067</p>	\$ 5,925	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
59	<p>MICHELLE WEST 19 CORPORATE PLAZA DR NEWPORT BEACH, CA 92660</p>	\$ 21,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
60	<p>NICOLE DYKAS 9525 Bryn Mawr AvE 900 ROSEMONT, IL 60018</p>	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

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	PETER POLOS 11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
62	STUART FRAENKEL 707 WILSHIRE BLVD STE 3600 LOS ANGELES, CA 90017	\$ 5,450	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
63	TWILA WHITE 6033 West Century BLVD 810 LOS ANGELES, CA 90045	\$ 7,630	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)