

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](http://www.irs.gov/Form990PF) for instructions and the latest information.

2020

Open to Public  
Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

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"/>	
<b>G</b> 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		<b>D</b> 1. Foreign organizations, check here ..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ► <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 433,873	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	(Part I, column (d) must be on cash basis.)	

<b>Part I</b> Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)		631,708		
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments		62	62	62
	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)		26,300		
	<b>12 Total.</b> Add lines 1 through 11	658,070	62	62	
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.		87,600		
	14 Other employee salaries and wages		14,193		
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)		3,045		
	b Accounting fees (attach schedule)		7,020		
	c Other professional fees (attach schedule)				
	17 Interest		2		
	18 Taxes (attach schedule) (see instructions)		8,157		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings		102		
	22 Printing and publications				
	23 Other expenses (attach schedule)		355,583		
	<b>24 Total operating and administrative expenses.</b>				
	Add lines 13 through 23	475,702	0		0
	<b>25 Contributions, gifts, grants paid</b>	253,000			253,000
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	728,702	0		253,000
	<b>27 Subtract line 26 from line 12:</b>				
	a Excess of revenue over expenses and disbursements	-70,632			
	b Net investment income (if negative, enter -0-)		62		
	c Adjusted net income (if negative, enter -0-)			62	

	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 . . . . .		504,555	433,873	433,873
	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 ► _____)	1			
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		504,556	433,873	433,873
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 ► _____)	51			
	23 Total liabilities (add lines 17 through 22) . . . . .	51	0		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions . . . . .		504,505		
	25 Net assets with donor restrictions . . . . .				
	Foundations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds . . . . .				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
	29 Total net assets or fund balances (see instructions) . . . . .	504,505	433,873		
	30 Total liabilities and net assets/fund balances (see instructions) . . . . .	504,556	433,873		

## 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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	504,505
2 Enter amount from Part I, line 27a . . . . .	2	-70,632
3 Other increases not included in line 2 (itemize) ► _____	3	
4 Add lines 1, 2, and 3 . . . . .	4	433,873
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 29 . . . . .	6	433,873

Part IV Capital Gains and Losses for Tax on Investment Income

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1a</b>				
<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
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**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

**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.	1	1
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved. . . . .	1	1
c	All other domestic foundations enter 1.39% 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	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	1
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	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 <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> ►	9	1
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> ►	10	
11	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> ►	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? . . . . .	Yes	No
1a		1a	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .	Yes	No
1b	<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
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	Yes	No
1c		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? . . . . .	Yes	No
2	<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>	Yes	No
3		3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	Yes	No
4a		4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	Yes	No
b		4b	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	Yes	No
5	<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:	Yes	No
	• 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		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>	Yes	No
7		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>	Yes	No
8b		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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	No
9		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>	Yes	No
		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 ► <a href="http://www.latlc.org">www.latlc.org</a>	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 <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2020, 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.**

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? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	No <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 2020? . . . . .	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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	2a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	3a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2020 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 2020.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	
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 2020?	4b	No <input type="checkbox"/>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Yes</b>	<b>No</b>
(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? . . . . .				
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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"/> Yes <input checked="" type="checkbox"/> No	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>				
<b>c</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b>	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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b>	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>b</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	<b>7b</b>	
<b>8</b>	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**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000. . . . . ►</b>				

<b>Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)</b>		
<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b> . . . . . ►		
<b>Part IX-A Summary of Direct Charitable Activities</b>		
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		
<b>Part IX-B Summary of Program-Related Investments (see instructions)</b>		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1		
2		
All other program-related investments. See instructions.		
3		
<b>Total. Add lines 1 through 3</b> . . . . . ►		

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

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

**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 2020 from Part VI, line 5. . . . .	2a	1
b	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	1
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	1
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	1
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	0

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	253,000
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	253,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	253,000
<b>Note:</b> 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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				0
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	336,040			
<b>b</b> From 2016. . . . .	476,401			
<b>c</b> From 2017. . . . .	705,081			
<b>d</b> From 2018. . . . .	424,085			
<b>e</b> From 2019. . . . .	317,994			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	2,259,601			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 253,000				
<b>a</b> Applied to 2019, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .	253,000			
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,512,601			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . . . .	336,040			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	2,176,561			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	476,401			
<b>b</b> Excess from 2017. . . . .	705,081			
<b>c</b> Excess from 2018. . . . .	424,085			
<b>d</b> Excess from 2019. . . . .	317,994			
<b>e</b> Excess from 2020. . . . .	253,000			

**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 2020, 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](http://www.latlc.org)

c Any submission deadlines:

NONE

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

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total . . . . .</b>			► 3a	253,000
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue:</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities.</b>					
<b>5 Net rental income or (loss) from real estate:</b>					
a Debt-financed property.					
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					26,300
<b>8 Gain or (loss) from sales of assets other than inventory</b>					
<b>9 Net income or (loss) from special events:</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue: a</b>					
b					
c					
d					
e					
<b>12 Subtotal. Add columns (b), (d), and (e).</b>					26,362
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>					26,362
(See worksheet in line 13 instructions to verify calculations.)					

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

## Part XVII

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash. . .

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule.

<b>(a) Name of organization</b>	<b>(b) Type of organization</b>	<b>(c) Description of relationship</b>

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.

\* \* \* \* \*

2021-08-23

\* \* \* \*

May the IRS discuss this  
return  
with the preparer shown  
below  
(see instr.)  Yes  No

Signature of officer or trustee

Date

Tit

**Sign  
Here**

**Paid  
Preparer  
Use Only**

					(see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input checked="" type="checkbox"/>	PTIN
	MARC L EDWARDS				P01330814
	Firm's name ► EDWARDS & LIPTZ				Firm's EIN ► 95-4772082
Firm's address ► 18321 VENTURA BLVD STE 320 TARZANA, CA 91356				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	(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
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				
MARK BLOOM	Director 0.00	0		
6100 CENTER DRIVE STE 1100 LOS ANGELES, CA 90045				
LIZ HAGAN	Director 0.00	0		
5709 GRAYWOOD AVENUE LAKEWOOD, CA 90712				
MEGAN KLEIN	Director 0.00	0		
111 W OCEAN BLVD 19TH FLOOR LONG BEACH, CA 90802				
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				
SCOTT J CORWIN	PAST PRESIDENT 0.00	0		
11766 Wilshire BLVD STE 1160 LOS ANGELES, CA 90025				
SPENCER LUCAS	Legacy&Ldrship 0.00	0		
11111 SANTA MONICA BLVD 700 LOS ANGELES, CA 90025				
MICHAEL ALDER	Legacy&Ldrship 0.00	0		
1875 Century Park East 1500 LOS ANGELES, CA 90067				
MINH 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 TRANNEY	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 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	(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
ROBERT Ounjian	Director 0.00	0		
8827 West Olympic Boulevard LOS ANGELES, CA 90211				
IBIERE SECK	Director 0.00	0		
10801 NATIONAL BLVD STE 335 LOS ANGELES, CA 90064				
GERALD MARCUS	PAST PRESIDENT 0.00	0		
24025 Park Sorrento Suite 430 CALABASAS, CA 91302				
ALYSSA Schabloski	President 0.00	0		
2708 WILSHIRE BLVD 428 SANTA MONICA, CA 90403				
STEVE Vartazarian	Vice President 0.00	0		
15250 Ventura BLVD STE 505 SHERMAN OAKS, CA 91403				
GERALDINE WEISS	PAST PRESIDENT 0.00	0		
245 Fischer Avenue Ste B COSTA MESA, CA 92626				
DANIEL KRAMER	PRESIDENT ELECT 0.00	0		
1925 CENTURY PARK EAST 1180 LOS ANGELES, CA 90064				
MAURO FIORE	Director 0.00	0		
136 East Lemon Avenue MONROVIA, CA 91016				
THOMAS FEHER	BOARD EMERITUS 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				
MAURO FIORE	BOARD EMERITUS 0.00	0		
136 East Lemon Avenue MONROVIA, CA 91016				
KARINA LALLANDE	Director 0.00	0		
903 State Street Suite 213 SANTA BARBARA, CA 93101				
LISSA MOZUR ZANVILLE	Executive Dir. 40.00	87,600		
4928 BELLAIRE AVENUE VALLEY VILLAGE, CA 91607				
LAUREN WOOD	Director 0.00	0		
300 E ESPLANDE DR STE 1180 OXNARD, CA 93036				
DANIEL DESANTIS	Director 0.00	0		
1875 CENTURY PARK EAST 1500 LOS ANGELES, CA 90067				

## 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, other allowances
GENE SULLIVAN 120 SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	Director 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 OLIVE ST 820 LOS ANGELES, CA 90014	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	Treasurer 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	Legacy&Ldrship 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)				
<i>a Paid during the year</i>				
TEAM PRIME TIMEPO BOX 241496 LOS ANGELES, CA 90024	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,000
VISTA DEL MAR CHILD FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
CLAREMATRIX FOUNDATION INC 909 PICO BLVD SANTA MONICA, CA 90405	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>			► 3a	253,000

## 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 672 S Lafayette Park Place Unit 2 LOS ANGELES, CA 90057	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
VENICE COMMUNITY HOUSING CORP 720 ROSE AVENUE VENICE, CA 90291	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
KIWANIS CLUB KESCA 13261 Moorpark Street 105 SHERMAN OAKS, CA 91423	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,000
<b>Total . . . . .</b>			► 3a	253,000

## 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	5,000
AVIVA Family Children's Services 7120 FRANKLIN AVENUE LOS ANGELES, CA 90029	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
CASA Los Angeles 201 Centre Plaza Drive Suite 1100 MONTEREY PARK, CA 91754	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>			► 3a	253,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
Downtown Women's Center 442 South San Pedro Street LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
LOS ANGELES MISSION 303 E 5th St LOS ANGELES, CA 90013	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
US VETS INC 800 W 6TH STREET SUITE 1505 LOS ANGELES, CA 90017	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>			► 3a	253,000

## 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	5,000
MARCH OF DIMES 700 N BRAND BLVD STE 950 GLENDALE, CA 91203	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
FRIENDS AND HELPERS FOUNDATION 15260 VENTURA BLVD STE 2100 SHERMAN OAKS, CA 91403	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	1,500
<b>Total . . . . .</b>			► 3a	253,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BLIND CHILDREN'S CENTER 4120 Marathon Street LOS ANGELES, CA 90029	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
CHILD ADVOCACY CENTER POMONA 1650 E OLD BADILLO ST C3 COVINA, CA 91724	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,500
EXCEPTIONAL CHILDREN'S FOUNDATION 8740 WASHINGTON BLVD CULVER CITY, CA 90232	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			► 3a	253,000

**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 HEARTS PO BOX 1314 TOPANGA, CA 90290		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
EL NIDO FAMILY CENTERS 10200 Sepulveda BLVD Suite 350 MISSION HILLS, CA 91345		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
FIRST PLACE FOR YOUTH 426 17TH STREET OAKLAND, CA 94612		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
LA LGBT CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 90028		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,500
GIVING SPIRIT 11693 SAN VINCENTE BLVD STE 113 LOS ANGELES, CA 90049		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
HARMONY PROJECT 817 VINE STREET 212 LOS ANGELES, CA 90038		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVE LOS ANGELES, CA 90011		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
HAYNES FAMILY OF PROGRAMS 233 W BASELINE RD LA VERNE, CA 91750		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
HOOP FOUNDATION 1201 NORTH LA BREA AVE 33 INGLEWOOD, CA 90302		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE 330 STUDIO CITY, CA 91604		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>			► 3a	253,000

**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>				
NEXTSTEP FITNESS 4447 REDONDO BEACH BLVD LAWNDALE, CA 90260		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
POPS THE CLUBPO BOX 10461 MARINA DEL REY, CA 90295		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,000
TRIUMPH FOUNDATION 17186 HICKORY RIDGE COURT CANYON COUNTRY, CA 91387		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
VLNTR CTR- SOUTH BAY-HARBOR-LONG BE 1230 CRAVENS AVENUE TORRANCE, CA 90501		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
PEOPLE CONCERN OPCC 1453 16TH STREET SANTA MONICA, CA 90404	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,000
9 DOTS 931 N Highland Ave LOS ANGELES, CA 90038		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,500
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
COALITION TO ABOLISH SLAVERY 5042 Wilshire Blvd 586 LOS ANGELES, CA 90036		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
DYNASTY UNITED YOUTH ASSN 826 N BUNKER HILL LOS ANGELES, CA 90012		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
FREE ARTS FOR ABUSED CHILDREN 11099 S LA CIENEGA BLVD 235 LOS ANGELES, CA 90045		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,000
<b>Total . . . . .</b>			► 3a	253,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, CA 91342		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,000
STEAM CODERSPO BOX 90213 PASADENA, CA 91109		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
TEEN CANCER AMERICA 11835 OLYMPIC BLVD 265E LOS ANGELES, CA 90064		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
MIRACLE PROJECT 9301 WILSHIRE BLVD 307 BEVERLY HILLS, CA 90210		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
UNION STATION HOMELESS SERVCS 825 EAST ORANGE GROVE BLVD PASADENA, CA 91104	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
VISION TO LEARN 11611 SAN VINCENTE BLVD 500 LOS ANGELES, CA 90025		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			► 3a	253,000

## 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 EMERGING STRONGER 1853 TAFT AVENUE LOS ANGELES, CA 90028		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	5,000
ALLIES FOR EVERY CHILD 5721 West Slauson Avenue Suite 140 CULVER CITY, CA 90203		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	7,500
MEND MEET EACH NEED WITH DIGNITY 10641 N San Fernando Rd PACOIMA, CA 91331	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,000
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
NEW DIRECTIONS FOR YOUTH 7315 North Lankershim Blvd NORTH HOLLYWOOD, CA 91605	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,000
READING PARTNERS 3452 E Foothill Blvd 315 PASADENA, CA 91107	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,000
RISING STAR MUSIC FUND 2813 Somerset Springs Drive HENDERSON, NV 89502	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,000
<b>Total . . . . .</b>			► 3a	253,000

## 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>				
ST JOSEPHS CENTER 204 HAMPTON DRIVE LOS ANGELES, CA 90291	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,000
SU CASA - ENDING DOMESTIC VIOLENCE 3750 E Anaheim Street LONG BEACH, CA 90804	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	6,500
TIERRA DEL SOL FOUNDATION 9919 SUNLAND BLVD SUNLAND, CA 91040	NONE	EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			► 3a	253,000

**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>				
DISABILITY COMMUNITY RESOURCE CENTE 12901 Venice Boulevard LOS ANGELES, CA 90066		EOF	TO ADVANCE RECIPIENT'S CHARITABLE PURPOSE	3,500
<b>Total . . . . .</b>			► 3a	253,000

## TY 2020 Accounting Fees Schedule

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

**EIN:** 20-5658982

**Software ID:** 20011551

**Software Version:** 2020v4.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,663	0	0	0
BOOKKEEPING FEES	3,357	0	0	0

## TY 2020 Legal Fees Schedule

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

**EIN:** 20-5658982

**Software ID:** 20011551

**Software Version:** 2020v4.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,045	0	0	0

**TY 2020 Other Expenses Schedule**

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

**EIN:** 20-5658982

**Software ID:** 20011551

**Software Version:** 2020v4.0

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADDITIONAL PARTNER CHARITY GIVING	4,021			
ADVERTISING	11,797			
ASSOCIATION MANAGEMENT SOFTWARE	14,616			
BANK CHARGES	748			
BOARD MEETING DINNERS MEALS	6,255			
COMFORT AND JOY 2020	48,026			
COMPUTER AND INTERNET	4,881			
CREDIT CARD PROCESSING FEES	1,203			
DIRECT GIVING - MISC	1,922			
EMERGENCY GIVING	17,968			

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	270			
INSURANCE	6,336			
MEALS AND ENTERTAINMENT	246			
OFFICE EXPENSE	5,509			
PARKING & TOLLS	124			
Partner Charity Promotion Gifts	12,000			
PAYROLL PROCESSING FEES	2,810			
POSTAGE & DELIVERY	1,138			
REPAIRS MAINTENANCE	72			
SCHOLARSHIP PROGRAM	30,000			

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STORAGE SPACE	9,372			
SUPPLIES	5,196			
TELEPHONE	3,854			
TOTAL CASINO NIGHT	38,121			
TOTAL GOLF TOURNAMENT	15,000			
TRIBUTE BOOK	69,080			
TRYKE GIVEAWAY	16,210			
Turkey Giveaway 2019	1,358			
VIRTUAL POKER TOURNAMENT	535			
WEBSITE	7,318			

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Adjusted Net Income	Disbursements for Charitable Purposes
YOUTH SPORTS PROGRAM		19,597	

## TY 2020 Other Income Schedule

**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES

A CA NONPROFIT PUBLIC BENEFIT CORP

**EIN:** 20-5658982

**Software ID:** 20011551

**Software Version:** 2020v4.0

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income	26,300		

## TY 2020 Taxes Schedule

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

**EIN:** 20-5658982

**Software ID:** 20011551

**Software Version:** 2020v4.0

## Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER TAXES	10			
PAYROLL TAXES	8,147			

**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](http://www.irs.gov/Form990) for the latest information.

**2020**

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 33<sup>1/3</sup>% 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.)
—		\$ _____	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.)

Name of organization LOS ANGELES TRIAL LAWYERS CHARITIES A CA NONPROFIT PUBLIC BENEFIT CORP	Employer identification number 20-5658982
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<b>Part II</b> <b>Noncash Property</b>			
(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
		\$	



## Additional Data

**Software ID:** 20011551  
**Software Version:** 2020v4.0  
**EIN:** 20-5658982  
**Name:** LOS ANGELES TRIAL LAWYERS CHARITIES  
A CA NONPROFIT PUBLIC BENEFIT CORP

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINH NGUYEN 3777 LONG BEACH BLVD 3RD FL  LONG BEACH, CA 90807	\$ 12,761	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	SCOTT J CORWIN 11766 WILSHIRE BLVD STE 1160  LOS ANGELES, CA 90025	\$ 6,183	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	MICHAEL ALDER 1875 Century Park East 15th F  LOS ANGELES, CA 90067	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	ROBERT SIMON 34 Hermosa Avenue  HERMOSA BEACH, CA 90254	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	GARY DORDICK 509 South Beverly Drive  BEVERLY HILLS, CA 90212	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	MAURO FIORE 136 East Lemon Avenue  MONROVIA, CA 91016	\$ 10,237	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
7	<p>GERALD MARCUS 24025 Park Sorrento Suite 430</p> <p>CALABASAS, CA 91302</p>	\$ 22,300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
8	<p>BOBBY SAADIAN 3055 Wilshire BLVD 12th FL</p> <p>LOS ANGELES, CA 90010</p>	\$ 12,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
9	<p>RICARDO Echeverria 600 South Indian Hill BLVD</p> <p>CLAREMONT, CA 91711</p>	\$ 12,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
10	<p>THOMAS GIRARDI 1126 Wilshire Boulevard</p> <p>LOS ANGELES, CA 90017</p>	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
11	<p>MICHAEL MARZBAN 16000 VENTURA BLVD STE 700</p> <p>ENCINO, CA 91436</p>	\$ 13,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
12	<p>BRIAN PANISH 11111 SANTA MONICA BLVD 700</p> <p>LOS ANGELES, CA 90025</p>	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
<u>13</u>	<p>DAVID RING 10900 WILSHIRE BLVD STE 920  LOS ANGELES, CA 90024</p>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>14</u>	<p>ROBERT Ounjian 8827 West Olympic Boulevard  LOS ANGELES, CA 90211</p>	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>15</u>	<p>ANDREW ELLIS 2230 East Maple Avenue  EL SEGUNDO, CA 90245</p>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>16</u>	<p>CHRISTOPHER DOLAN 1438 MARKET ST  SAN FRANCISCO, CA 94102</p>	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>17</u>	<p>GENIE HARRISON 523 W 6TH ST 450  LOS ANGELES, CA 90014</p>	\$ 7,050	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>18</u>	<p>HOWARD KORNBERG 10880 WILSHIRE BLVD 1840  LOS ANGELES, CA 90024</p>	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
<u>19</u>	KARINA LALLANDE 232 PINE AVE  LONG BEACH, CA 90802	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>20</u>	LAWRENCE LALLANDE 232 PINE AVE  LONG BEACH, CA 90802	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>21</u>	ARI RESNICK 17525 Ventura Blvd Suite 200  ENCINO, CA 91316	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>22</u>	MATTHEW BERNSTEIN 22554 VENTURA BLVD 130  WOODLAND HILLS, CA 91364	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>23</u>	REZA Torkzadeh 11601 Wilshire BLVD 5th FL  LOS ANGELES, CA 90025	\$ 12,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>24</u>	RYAN CLARKSON 9255 W SUNSET BLVD STE 804  LOS ANGELES, CA 90069	\$ 11,982	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
<u>25</u>	STEPHEN GLASS 800 Marco Place  VENICE, CA 90291	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>26</u>	TRACI KAAS 9210 Irvine Center Drive  IRVINE, CA 92618	\$ 10,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>27</u>	BRADLEY WALLACE 16000 Ventura Blvd Suite 440  ENCINO, CA 91436	\$ 22,382	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>28</u>	DANIEL KIPP KRAMER 1925 Century Park East 1180  LOS ANGELES, CA 90067	\$ 15,555	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>29</u>	MARIA DEGARCIA 23890 Copper Hill Dr Ste 445  VALENCIA, CA 91354	\$ 5,550	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>30</u>	STEVE VARTAZARIAN 15250 VENTURA BLVD STE 505  SHERMAN OAKS, CA 91403	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
31	CHRISTOPHER CARPENTER 2210 S Highway 40 Suite C  HEBER CITY, UT 84032	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
32	DARIO HIGUCHI 633 West Sixth St 1000  LOS ANGELES, CA 90071	\$ 13,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
33	MICHELLE WEST 19 CORPORATE PLAZA DR  NEWPORT BEACH, CA 92660	\$ 7,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
34	BRANDON KAHAN 325 N Maple Dr Ste 150  BEVERLY HILLS, CA 90210	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
35	LOUIS MASRY 951 South Westlake Blvd 204  WESTLAKE VILLAGE, CA 91361	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
36	CHANDRA SPENCER 2625 Townsgate Rd Suite 330  WESTLAKE VILLAGE, CA 91361	\$ 5,907	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DAVID AFFLED 2049 Century Park East 2460  LOS ANGELES, CA 90067	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
38	DYLAN RUGA 1100 Glendon Ave Ste 1840  LOS ANGELES, CA 90024	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
39	JOSEPH BARRETT 2049 Century Park East 2460  LOS ANGELES, CA 90067	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
40	JUAN DOMINGUEZ 3250 Wilshire Blvd 2200  LOS ANGELES, CA 90010	\$ 15,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
41	MARY DENOVE 2290 Stradella Road  LOS ANGELES, CA 90077	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
42	MELISSA BALDWIN 24265 Juanita Dr Laguna Nigu  LAGUNA NIGUEL, CA 92677	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>MELISSA GORIN</u> 1851 East First St Ste 1600  <u>SANTA ANA, CA 92705</u>	<u>\$ 6,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
44	<u>MICHAEL BURGIS</u> 5900 Sepulveda BLVD STE 215  <u>SHERMAN OAKS, CA 91411</u>	<u>\$ 10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
45	<u>PHILIP MICHELS</u> 11755 Wilshire BLVD STE 1300  <u>LOS ANGELES, CA 90025</u>	<u>\$ 12,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
46	<u>RACHEL MEDLOCK</u> 12225 San Vicente Blvd 114  <u>LOS ANGELES, CA 90049</u>	<u>\$ 7,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
47	<u>SONG HOO CHOI</u> 15 Kathryn Lane  <u>LADERA RANCH, CA 92694</u>	<u>\$ 18,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
48	<u>STEVEN MEHR</u> 4220 VON KARMAN AVE SUITE 200  <u>NEWPORT BEACH, CA 92660</u>	<u>\$ 10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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49	<p>THOMAS GHYCZY 22287 Mulholland Hwy 261  CALABASAS, CA 91302</p>	\$ 7,832	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contribution.)</p>