

Return of Private Foundation

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

2020

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

For calendar year 2020 or tax year beginning JUL 1, 2020, and ending JUN 30, 2021

Name of foundation: **EBELL OF LOS ANGELES**

Number and street (or P.O. box number if mail is not delivered to street address): **743 SOUTH LUCERNE BLVD**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **LOS ANGELES, CA 90005**

A Employer identification number
95-0700747

B Telephone number
323-931-1277

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16): **\$ 7,020,249.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	101,708.		N/A	
	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	24,383.	24,383.		STATEMENT 1
	5a Gross rents	1,347,044.	1,340,880.		STATEMENT 2
	b Net rental income or (loss)	506,508.			STATEMENT 3
	6a Net gain or (loss) from sale of assets not on line 10	26,271.			
	b Gross sales price for all assets on line 6a	280,025.			
	7 Capital gain net income (from Part IV, line 2)		26,271.		
	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)					
11 Other income	819,541.	0.		STATEMENT 4	
12 Total. Add lines 1 through 11	2,318,947.	1,391,534.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	937,950.	314,827.		322,770.
	15 Pension plans, employee benefits	125,665.	43,889.		42,914.
	16a Legal fees STMT 5	4,078.	1,289.		2,416.
	b Accounting fees STMT 6	24,300.	6,075.		15,795.
	c Other professional fees STMT 7	42,362.	10,591.		27,535.
	17 Interest				
	18 Taxes STMT 8	161,426.	28,716.		74,677.
	19 Depreciation and depletion	346,147.	346,147.		
	20 Occupancy	162,555.	8,128.		146,299.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 9	589,928.	111,456.		276,650.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,394,411.	871,118.		909,056.
	25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25	2,394,411.	871,118.		909,056.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-75,464.				
b Net investment income (if negative, enter -0-)		520,416.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,211,976.	2,356,414.	2,356,414.
	2 Savings and temporary cash investments	1,006,538.	1,019,853.	1,019,853.
	3 Accounts receivable ▶ <u>535.</u>			
	Less: allowance for doubtful accounts ▶	853.	535.	535.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	28,972.	22,439.	22,439.
	9 Prepaid expenses and deferred charges	102,415.	105,433.	105,433.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock <u>STMT 11</u>	1,257,328.	1,263,158.	1,263,158.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶ <u>6,654,598.</u>			
Less: accumulated depreciation ▶ <u>4,407,367.</u>	2,593,378.	2,247,231.	2,247,231.	
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ <u>STATEMENT 12</u>)	5,693.	5,186.	5,186.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	6,207,153.	7,020,249.	7,020,249.	
Liabilities	17 Accounts payable and accrued expenses	129,416.	220,313.	
	18 Grants payable			
	19 Deferred revenue	2,260,232.	2,845,161.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ <u>STATEMENT 13</u>)	644,992.	647,353.	
23 Total liabilities (add lines 17 through 22)	3,034,640.	3,712,827.		
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	3,172,513.	3,307,422.	
	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	3,172,513.	3,307,422.		
30 Total liabilities and net assets/fund balances	6,207,153.	7,020,249.		

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	3,172,513.
2 Enter amount from Part I, line 27a	2	-75,464.
3 Other increases not included in line 2 (itemize) ▶ <u>SEE STATEMENT 10</u>	3	210,373.
4 Add lines 1, 2, and 3	4	3,307,422.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	3,307,422.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES			06/30/19	06/30/21
b				
c				
d				
e				
(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 280,025.		253,754.	26,271.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				26,271.
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 26,271.
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 N/A

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.

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2 Reserved			2
3 Reserved			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	7,234.
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	0.
3 Add lines 1 and 2		3	7,234.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	7,234.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		17,721.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	17,721.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
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	10,487.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax 10,487. Refunded		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and charitable trusts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business holdings.

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
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? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <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? N/A	7b		
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(s) 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, and 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
SEE STATEMENT 14		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
PHILIP MILLER - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	CHIEF OPERATING OFFICER	172,836.	7,784.	0.
ANESSA BIRKEMEIER - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF SPECIAL EVENTS	96,510.	6,122.	0.
JENNY YOUNG - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	SPECIAL EVENTS MANAGER	83,128.	7,500.	0.
JULIA SOTO - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF GRAPHICS	65,181.	8,316.	0.
CAILING LIU - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	ACCOUNTING MANAGER	63,544.	7,806.	0.

Total number of other employees paid over \$50,000 8

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PHILADELPHIA INSURANCE COMPANIES 800 E. COLORADO BOULEVARD, PASADENA, CA 91101	INSURANCE	121,329.
BANKDIRECT CAPITAL FINANCE - 150 NORTH FIELD DRIVE, SUITE 190, LAKE FOREST, IL 60045	FINANCE OF D/O INSURANCE	52,852.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 0.

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	891,995.
b	Average of monthly cash balances	1b	2,808,114.
c	Fair market value of all other assets	1c	2,380,824.
d	Total (add lines 1a, b, and c)	1d	6,080,933.
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	0.
3	Subtract line 2 from line 1d	3	6,080,933.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	91,214.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,989,719.
6	Minimum investment return. Enter 5% of line 5	6	299,486.

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

1	Minimum investment return from Part X, line 6	1	299,486.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	7,234.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	7,234.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	292,252.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	292,252.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	292,252.

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	909,056.
b	Program-related investments - total from Part IX-B	1b	0.
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	909,056.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	909,056.

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				292,252.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015	383,390.			
b From 2016	302,172.			
c From 2017	402,505.			
d From 2018	367,612.			
e From 2019	335,261.			
f Total of lines 3a through e	1,790,940.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	909,056.			
a Applied to 2019, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				292,252.
e Remaining amount distributed out of corpus	616,804.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,407,744.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	383,390.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,024,354.			
10 Analysis of line 9:				
a Excess from 2016 ...	302,172.			
b Excess from 2017 ...	402,505.			
c Excess from 2018 ...	367,612.			
d Excess from 2019 ...	335,261.			
e Excess from 2020 ...	616,804.			

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

1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).

NONE

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.

NONE

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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

MARJORIE FIERSTADT, 323-937-1277
743 S LUCERNE BLVD, LOS ANGELES, CA 90005-3707

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

N/A

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:

NONE

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NONE				
Total				3a 0.
b Approved for future payment				
NONE				
Total				3b 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

EBELL OF LOS ANGELES

Employer identification number

95-0700747

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 EBELL OF LOS ANGELES	Employer identification number 95-0700747
--	--

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	CYNTHIA WAKEFORD 1126 MONUMENT STREET PACIFIC PALISADES, CA 90272	\$ 11,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EBELL OF LOS ANGELES	Employer identification number 95-0700747
--	--

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization EBELL OF LOS ANGELES	Employer identification number 95-0700747
--	--

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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
VARIOUS	24,383.	0.	24,383.	24,383.	
TO PART I, LINE 4	24,383.	0.	24,383.	24,383.	

FORM 990-PF

RENTAL INCOME

STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
THE EBELL BUILDING, 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA	1	1,340,880.
EQUIPMENT RENTAL, 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA	2	6,164.
TOTAL TO FORM 990-PF, PART I, LINE 5A		1,347,044.

FORM 990-PF

RENTAL EXPENSES

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & WAGES		314,827.	
PAYROLL TAXES		25,549.	
BENEFITS		43,889.	
DEPRECIATION		346,147.	
PROPERTY TAX		2,559.	
INSURANCE		57,913.	
OCCUPANCY		8,128.	
THEATRE OVERHEAD		32,993.	
EQUIPMENT LEASES		8,300.	
SECURITY		231.	
- SUBTOTAL -	1		840,536.
TOTAL RENTAL EXPENSES			840,536.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			506,508.

FORM 990-PF

OTHER INCOME

STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EXEMPT PURPOSE PROGRAMS	502,567.	0.	
CATERING REVENUE	200,416.	0.	
MEMBERSHIP DUES AND ASSESSMENTS	116,558.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	819,541.	0.	

FORM 990-PF

LEGAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	4,078.	1,289.		2,416.
TO FM 990-PF, PG 1, LN 16A	4,078.	1,289.		2,416.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	24,300.	6,075.		15,795.
TO FORM 990-PF, PG 1, LN 16B	24,300.	6,075.		15,795.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	13,170.	3,293.		8,561.
PAYROLL PROCESSING FEES	10,073.	2,518.		6,547.
OUTSIDE CONTRACT SERVICES	19,119.	4,780.		12,427.
TO FORM 990-PF, PG 1, LN 16C	42,362.	10,591.		27,535.

FORM 990-PF

TAXES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	71,517.	25,549.		22,428.
PERMITS AND FEES	6,194.	0.		6,194.
PROPERTY TAXES	51,172.	2,559.		46,055.
INCOME TAX EXPENSE	31,935.	0.		0.
FOREIGN TAXES	608.	608.		0.
TO FORM 990-PF, PG 1, LN 18	161,426.	28,716.		74,677.

FORM 990-PF

OTHER EXPENSES

STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
THEATER OVERHEAD	32,993.	32,993.		0.
ORGANIZATION ACTIVITY	26,329.	0.		26,329.
INSURANCE	231,652.	57,913.		150,574.
BANK CHARGES	9,835.	2,459.		6,393.
IT	39,760.	1,988.		35,784.
EQUIPMENT RENTAL	33,202.	8,300.		21,581.
OFFICE	42,863.	7,573.		31,823.
FOOD & BEVERAGE	33,286.	0.		0.
CATERING EXPENSE	107,018.	0.		0.
SECURITY	32,990.	230.		4,166.
TO FORM 990-PF, PG 1, LN 23	589,928.	111,456.		276,650.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 10

DESCRIPTION	AMOUNT
UNREALIZED GAIN	174,373.
INTERCOMPANY TRANSFER	36,000.
TOTAL TO FORM 990-PF, PART III, LINE 3	210,373.

FORM 990-PF

CORPORATE STOCK

STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	1,263,158.	1,263,158.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,263,158.	1,263,158.

FORM 990-PF

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INTERCOMPANY RECEIVABLE	507.	0.	0.
LIQUOR LICENSE	5,186.	5,186.	5,186.
TO FORM 990-PF, PART II, LINE 15	5,693.	5,186.	5,186.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
INTERCOMPANY PAYABLE	18,040.	20,401.
PPP LOAN	626,952.	626,952.
TOTAL TO FORM 990-PF, PART II, LINE 22	644,992.	647,353.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
PATTY LOMBARD 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	PRESIDENT 2.00		0.	0.	0.
LAURIE SCHECHTER 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	VICE PRESIDENT 1.00		0.	0.	0.
DONNA RUSSELL 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	TREASURER 1.00		0.	0.	0.
KARLENE TAYLOR 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	RECORDING SECRETARY 1.00		0.	0.	0.
MADELYN MURRAY 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.
PHYLLIS HANSEN 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.
LIZZIE BLATT 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.
SUZANNE WILTON 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.
CAROLINE MOSER 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.
RANDI JONES 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00		0.	0.	0.

EBELL OF LOS ANGELES

95-0700747

JUDITH DAY
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00

0. 0. 0.

ARETHA GREEN
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00

0. 0. 0.

REBECCA HUTCHINSON
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00

0. 0. 0.

JANIS BARQUIST
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00

0. 0. 0.

LORRAINE SPECTOR
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EBELL OF LOS ANGELES Number, street, and room or suite no. If a P.O. box, see instructions. 743 SOUTH LUCERNE BLVD City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90005	D Employer identification number 95-0700747 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ <u>7,020,249.</u>				

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ LINDSAY LIU Telephone number ▶ 323-931-1277

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-375,782.
2 Reserved	2	
3 Add lines 1 and 2	3	-375,782.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-375,782.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-375,782.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a	28,000.	
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136			
7	Total payments. Add lines 6a through 6g	7		28,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		28,000.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 28,000. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer _____	Date _____	PRESIDENT	Title _____
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	BRIAN YACKER			P00401346
	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910		
	18500 VON KARMAN AVE, 10TH FLOOR		Phone no. 949-222-2999	
	Firm's address IRVINE, CA 92612			

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY

1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization EBELL OF LOS ANGELES	B Employer identification number 95-0700747
C Unrelated business activity code (see instructions) ▶ 722320	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 200,416.			
b Less returns and allowances c Balance ▶	1c 200,416.		
2 Cost of goods sold (Part III, line 8)	2 140,304.		
3 Gross profit. Subtract line 2 from line 1c	3 60,112.		60,112.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6 6,164.	8,775.	-2,611.
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 66,276.	8,775.	57,501.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	300,353.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	26,161.
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	38,862.
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 15	14	67,907.
15 Total deductions. Add lines 1 through 14	15	433,283.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-375,782.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-375,782.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.
2	Purchases	2	0.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement) STATEMENT 17	5	140,304.
6	Total. Add lines 1 through 5	6	140,304.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	140,304.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A AUDIO/VIDEO PERSONAL PROPER

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	6,164.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	6,164.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				6,164.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 18	8,775.			
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				8,775.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 15

DESCRIPTION	AMOUNT
OCCUPANCY	8,128.
SECURITY	28,593.
INSURANCE	23,165.
LEGAL FEES	371.
ACCOUNTING FEES	2,430.
OUTSIDE SERVICES	1,912.
CONSULTING FEES	1,317.
PAYROLL PROCESSING FEES	1,007.
BANK FEES	984.
TOTAL TO SCHEDULE A, PART II, LINE 14	67,907.

FORM 990-T
SCHEDULE ADESCRIPTION OF ORGANIZATION'S UNRELATED
BUSINESS ACTIVITY

STATEMENT 16

SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 17

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE COST	33,286.
CATERING COSTS OF GOODS SOLD	107,018.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	140,304.

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 18

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
IT		1,988.	
EQUIPMENT LEASE		3,320.	
OFFICE EXPENSE		3,467.	
- SUBTOTAL -	1		8,775.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			8,775.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

990-T

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	LAND (30% USED FOR CATERING)		L				220,374.				220,374.			0.	
39	DEPRECIABLE ASSETS (30% USED FOR CATERING)	12/30/10	SL	.000		16	1,346,525.				1,346,525.	1,346,525.		0.	1,346,525.
	* TOTAL 990-T PG 1 DEPR						1,566,899.				1,566,899.	1,346,525.		0.	1,346,525.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,346,525.		0.	0.	1,346,525.	1,346,525.			1,346,525.
	ACQUISITIONS						220,374.		0.	0.	220,374.	0.			0.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						1,566,899.		0.	0.	1,566,899.	1,346,525.			1,346,525.

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name EBELL OF LOS ANGELES		California corporation number 0026667
Additional information. See instructions.		FEIN 95-0700747
Street address (suite or room) 743 SOUTH LUCERNE BLVD		PMB no.
City LOS ANGELES	State CA	ZIP code 90005
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	---

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,354,435	00
	2	Gross dues and assessments from members and affiliates	2	116,558	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	101,708	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,572,701	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	253,754	00
	7	Total costs. Add line 5 and line 6	7	253,754	00
	8	Total gross income. Subtract line 7 from line 4	8	2,318,947	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,394,411	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-75,464	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Sign Here 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.

Signature of officer	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Title PRESIDENT</td> <td style="width:50%;">Date</td> </tr> </table>	Title PRESIDENT	Date	<input type="checkbox"/> Telephone 323-931-1277 <input type="checkbox"/> PTIN P00401346
Title PRESIDENT	Date			
Preparer's signature	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date</td> <td style="width:50%;">Check if self-employed <input checked="" type="checkbox"/></td> </tr> </table>	Date	Check if self-employed <input checked="" type="checkbox"/>	<input type="checkbox"/> Firm's FEIN 39-0859910 <input type="checkbox"/> Telephone 949-222-2999
Date	Check if self-employed <input checked="" type="checkbox"/>			
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address BAKER TILLY US, LLP 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612			

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	24,383	00	
	4	Gross rents	•	4	1,347,044	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	280,025	00	
	7	Other income SEE STATEMENT 3	•	7	702,983	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,354,435	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	0	00	
	12	Other salaries and wages	•	12	937,950	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	161,426	00
		15	Rents	•	15	162,555	00
		16	Depreciation and depletion (See instructions)	•	16	346,147	00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	786,333	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,394,411	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,218,514	•	3,376,267
2 Net accounts receivable		853	•	535
3 Net notes receivable			•	
4 Inventories		28,972	•	22,439
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 6		1,257,328	•	1,263,158
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	5,920,018		5,920,018	
b Less accumulated depreciation	(4,061,220)	1,858,798	(4,407,367)	1,512,651
11 Land		734,580	•	734,580
12 Other assets STMT 7		108,108	•	110,619
13 Total assets		6,207,153		7,020,249
Liabilities and net worth				
14 Accounts payable		129,416	•	220,313
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 8		2,905,224		3,492,514
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,172,513	•	3,307,422
22 Total liabilities and net worth		6,207,153		7,020,249

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	134,908	7	Income recorded on books this year not included in this return STMT 9	•	210,372
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		210,372
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		-75,464
6	Total. Add line 1 through line 5		134,908				

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CYNTHIA WAKEFORD	1126 MONUMENT STREET PACIFIC PALISADES, CA 90272		11,717.
TOTAL INCLUDED ON LINE 3			11,717.

CA 199

GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PUBLICLY TRADED SECURITIES	06/30/19	06/30/21	PURCHASED	253,754.	0.	0.	280,025.
TOTAL ON FORM 199, PG 2, LINE 6				253,754.	0.	0.	280,025.

CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTION	AMOUNT
EXEMPT PURPOSE PROGRAMS	502,567.
CATERING REVENUE	200,416.
TOTAL TO FORM 199, PART II, LINE 7	702,983.

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
PATTY LOMBARD 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	PRESIDENT 2.00	0.
LAURIE SCHECHTER 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	VICE PRESIDENT 1.00	0.
DONNA RUSSELL 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	TREASURER 1.00	0.
KARLENE TAYLOR 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	RECORDING SECRETARY 1.00	0.

EBELL OF LOS ANGELES

95-0700747

MADELYN MURRAY 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
PHYLLIS HANSEN 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
LIZZIE BLATT 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
SUZANNE WILTON 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
CAROLINE MOSER 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
RANDI JONES 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
JUDITH DAY 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
ARETHA GREEN 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
REBECCA HUTCHINSON 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
JANIS BARQUIST 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.
LORRAINE SPECTOR 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER	1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	125,665.
LEGAL FEES	4,078.
ACCOUNTING FEES	24,300.
OTHER PROFESSIONAL FEES	42,362.
THEATER OVERHEAD	32,993.
ORGANIZATION ACTIVITY	26,329.
INSURANCE	231,652.
BANK CHARGES	9,835.
IT	39,760.
EQUIPMENT RENTAL	33,202.
OFFICE	42,863.
FOOD & BEVERAGE	33,286.
CATERING EXPENSE	107,018.
SECURITY	32,990.
TOTAL TO FORM 199, PART II, LINE 17	786,333.

CA 199

INVESTMENTS IN STOCK

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITIES	1,257,328.	1,263,158.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,257,328.	1,263,158.

CA 199

OTHER ASSETS

STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	102,415.	105,433.
INTERCOMPANY RECEIVABLE	507.	0.
LIQUOR LICENSE	5,186.	5,186.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	108,108.	110,619.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTERCOMPANY PAYABLE	18,040.	20,401.
PPP LOAN	626,952.	626,952.
DEFERRED REVENUE	2,260,232.	2,845,161.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,905,224.	3,492,514.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
UNREALIZED GAIN		174,372.
INTERCOMPANY TRANSFER		36,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		210,372.

CA 199	FUND BALANCES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,172,513.	3,307,422.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,172,513.	3,307,422.

California Exempt Organization Business Income Tax Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name EBELL OF LOS ANGELES California corporation number 0026667

Additional information. See instructions. FEIN 95-0700747

Street address (suite/room no.) 743 SOUTH LUCERNE BLVD PMB no.

City (If the corporation has a foreign address, see instructions.) LOS ANGELES State CA ZIP code 90005

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business... H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code... L Is this a hospital?

Table with 25 rows and 3 columns: Line number, Description, Amount. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29			00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	200,416	b Less returns and allowances		c Balance	• 1c	200,416	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					• 2	140,304	00
3 Gross profit. Subtract line 2 from line 1c					• 3	60,112	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					• 4a		00
b Net gain (loss) from Part II, Schedule D-1					• 4b		00
c Capital loss deduction for trusts					• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					• 5		00
6 Rental income (Schedule C)					• 6	-2,611	00
7 Unrelated debt-financed income (Schedule D)					• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					• 9		00
10 Exploited exempt activity income (Schedule G)					• 10		00
11 Advertising income (Schedule H, Part III, Column A)					• 11		00
12 Other income. Attach schedule					• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12					• 13	57,501	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I		• 14		00
15 Salaries and wages		• 15	300,353	00
16 Repairs		• 16		00
17 Bad debts		• 17		00
18 Interest		• 18		00
19 Taxes	SEE STATEMENT 12	• 19	26,161	00
20 Contributions		• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00	
b Less: depreciation claimed on Schedule A	• 21b		00	00
22 Depletion		• 22		00
23 a Contributions to deferred compensation plans		• 23a		00
b Employee benefit programs		• 23b	38,862	00
24 Other deductions	SEE STATEMENT 13	• 24	67,907	00
25 Total deductions. Add line 14 through line 24		• 25	433,283	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		• 26	-375,782	00
27 Excess advertising costs (Schedule H, Part III, Column B)		• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		• 28	-375,782	00
29 Specific deduction		• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		• 30	-375,782	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Sign Here	Signature of officer	Title PRESIDENT	Date	• Telephone 323-931-1277
	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	• PTIN P00401346
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	BAKER TILLY US, LLP 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612		• Firm's FEIN 39-0859910
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year		1		00
2	Purchases		2		00
3	Cost of labor	•	3		00
4	a Additional IRC Section 263A costs. Attach schedule		4a		00
	b Other costs. Attach schedule	SEE STATEMENT 15	4b	140,304	00
5	Total. Add line 1 through line 4b		5	140,304	00
6	Inventory at end of year		6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2		7	140,304	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	•	•	1		00	
2	Enter credit name	code	•	•	2		00	
3	Enter credit name	code	•	•	3		00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11						4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	•	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	•	2a		00
	b Method for non-dealer installment obligations	•	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	•	3		00
4	Credit recapture. Credit name	•	4		00
5	Total. Combine the amounts on line 1 through line 4		5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
AUDIO/VIDEO PERSONAL PROPERTY RENTAL	6,164	100.00 %
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected SEE STATEMENT 14	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)
	8,775	-2,611		

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 -2,611

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Debt basis percentage, column 4 ÷ column 5, 7 Gross income reportable, column 2 x column 6, 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6, 9 Net income (or loss) includible, column 7 less column 8.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, column 2 less column 3, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sections for Exempt Controlled Organizations and Nonexempt Controlled Organizations.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity), 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, column 2 less column 3, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, column 6 less column 5 but not more than column 4, 8 Net income includible, column 4 less column 7 but not less than zero.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 11
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SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

TO FORM 109, PAGE 1

CA 109	TAXES PAID	STATEMENT 12
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DESCRIPTION	AMOUNT
PAYROLL TAXES	23,541.
PROPERTY TAXES	2,559.
FOREIGN TAXES	61.
TOTAL TO FORM 109, PAGE 2, LINE 19	26,161.

CA 109	OTHER DEDUCTIONS	STATEMENT 13
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DESCRIPTION	AMOUNT
OCCUPANCY	8,128.
SECURITY	28,593.
INSURANCE	23,165.
LEGAL FEES	371.
ACCOUNTING FEES	2,430.
OUTSIDE SERVICES	1,912.
CONSULTING FEES	1,317.
PAYROLL PROCESSING FEES	1,007.
BANK FEES	984.
TOTAL TO FORM 109, PAGE 2, LINE 24	67,907.

CA 109 DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY STATEMENT 14

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
IT		1,988.	
EQUIPMENT LEASE		3,320.	
OFFICE EXPENSE		3,467.	
- SUBTOTAL -	1		8,775.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			8,775.

CA 109 COST OF GOODS SOLD - OTHER COSTS STATEMENT 15

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE COST	33,286.
CATERING COSTS OF GOODS SOLD	107,018.
TOTAL TO SCHEDULE A, LINE 4B	140,304.

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name EBELL OF LOS ANGELES	California corporation number 0026667
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During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation
 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN 95-0700747

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	375,782	00
2 2020 disaster loss included in line 1. Enter as a positive number	2		00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	375,782	00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a		00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
c Add line 4a and line 4b	4c		00
5 General NOL. Subtract line 4c from line 3	5	375,782	00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	375,782	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst	<input checked="" type="radio"/>	(g) Available balance	0
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2019	(f) Amount used in 2020	(g) Available balance	(h) Carryover to 2021 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2019		GEN	212,906	<input checked="" type="radio"/> 212,906	0	0	<input checked="" type="radio"/> 212,906
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

						col. (d) minus col. (f) See instructions.
3 2020		DIS				
4 2020		GEN	375,782			375,782
2020						
2020						
2020						

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2020 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1		00
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	<input checked="" type="radio"/> 3		00

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

Form 109

FEIN

95-0700747

Corporation name

California corporation number

EBELL OF LOS ANGELES

0026667

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14 38 LAND (30% USED FOR CATERING)		220,374		L			0
39 DEPRECIABLE ASSETS (30% USED FOR CATERING)	12/30/10	1,346,525	1,346,525	SL	.000		0
TOTALS		1,566,899	1,346,525				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>_____</p> <p>EBELL OF LOS ANGELES Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>743 SOUTH LUCERNE BLVD Address (Number and Street)</p> <p>LOS ANGELES, CA 90005 City or Town, State, and ZIP Code</p> <p>323-931-1277 STACY@EBELLOFLOSANGELES.COM Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT107791</p> <p>Corporation or Organization No. <u>0026667</u></p> <p>Federal Employer ID No. <u>95-0700747</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue (including noncash contributions) \$ 2,318,947 Noncash Contributions \$ 0 Total Assets \$ 7,020,249
 Program Expenses \$ 2,394,411 Total Expenses \$ 2,394,411

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

PATRICIA LOMBARD Signature of Authorized Agent	PRESIDENT Printed Name		_____ Date
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