

EXTENDED TO MAY 15, 2023

Return of Private Foundation

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

OMB No. 1545-0047

2021

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 2021 or tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Name of foundation
EBELL OF LOS ANGELES

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

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)
\$ **12,723,949.**

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	4,543,156.		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	28,274.	28,274.		STATEMENT 1
	5a Gross rents	2,912,237.	2,309,205.		STATEMENT 2
	b Net rental income or (loss)	2,152,820.			STATEMENT 3
	6a Net gain or (loss) from sale of assets not on line 10	4,563.			
	b Gross sales price for all assets on line 6a	4,563.			
	7 Capital gain net income (from Part IV, line 2)		4,563.		
	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	3,539,670.	0.		STATEMENT 4	
12 Total. Add lines 1 through 11	11,027,900.	2,342,042.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	167,098.	43,445.		83,549.
	14 Other employee salaries and wages	2,058,577.	396,794.		356,011.
	15 Pension plans, employee benefits	102,470.	20,471.		15,735.
	16a Legal fees				
	b Accounting fees	STMT 5 32,400.	8,424.		3,976.
	c Other professional fees	STMT 6 72,457.	29,202.		7,171.
	17 Interest	949.	0.		949.
	18 Taxes	STMT 7 252,312.	29,904.		50,345.
	19 Depreciation and depletion	247,092.	64,244.		
	20 Occupancy	262,377.	68,219.		32,194.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 8 2,109,056.	156,877.		171,694.
	24 Total operating and administrative expenses. Add lines 13 through 23	5,304,788.	817,580.		721,624.
	25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25	5,304,788.	817,580.		721,624.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	5,723,112.				
b Net investment income (if negative, enter -0-)		1,524,462.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing	2,356,414.	7,420,575.	7,420,575.		
	2	Savings and temporary cash investments	1,019,853.	1,520,823.	1,520,823.		
	3	Accounts receivable ▶ 88,091.					
		Less: allowance for doubtful accounts ▶	535.	88,091.	88,091.		
	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	22,439.	36,754.	36,754.		
	9	Prepaid expenses and deferred charges	105,433.	61,079.	61,079.		
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock STMT 9	1,263,158.	1,453,784.	1,453,784.		
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis ▶ 6,783,116.					
	Less: accumulated depreciation ▶ 4,654,459.	2,247,231.	2,128,657.	2,128,657.			
12	Investments - mortgage loans						
13	Investments - other						
14	Land, buildings, and equipment: basis ▶						
	Less: accumulated depreciation ▶						
15	Other assets (describe ▶ STATEMENT 10)	5,186.	14,186.	14,186.			
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	7,020,249.	12,723,949.	12,723,949.			
Liabilities	17	Accounts payable and accrued expenses	220,313.	583,311.			
	18	Grants payable					
	19	Deferred revenue	2,845,161.	2,808,778.			
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe ▶ STATEMENT 11)	647,353.	517,503.			
23	Total liabilities (add lines 17 through 22)	3,712,827.	3,909,592.				
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	3,307,422.	8,814,357.			
	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	3,307,422.	8,814,357.				
30	Total liabilities and net assets/fund balances	7,020,249.	12,723,949.				

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	3,307,422.
2	Enter amount from Part I, line 27a	2	5,723,112.
3	Other increases not included in line 2 (itemize) ▶ INTERCOMPANY TRANSFER	3	36,000.
4	Add lines 1, 2, and 3	4	9,066,534.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS	5	252,177.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	8,814,357.

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			07/07/21	06/30/22
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 4,563.			4,563.	
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			4,563.	
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	4,563.	
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 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)		1	21,190.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	21,190.
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	21,190.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	10,487.	
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	10,487.
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 7, enter amount owed		9	10,703.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VI-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
1b	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
1c	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?		X
	If "Yes," attach a detailed description of the activities.		
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	
4b	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?		X
	If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ _____ CA		
8b	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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
	Website address ▶ <u>WWW.EBELLLA.COM</u>		
14	The books are in care of ▶ <u>THE FOUNDATION</u> Telephone no. ▶ <u>323-931-1277</u> Located at ▶ <u>743 SOUTH LUCERNE BLVD, LOS ANGELES, CA</u> ZIP+4 ▶ <u>90005</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ _____		

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	X
	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
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?		X

Part VII 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 12		166,886.	212.	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
ANESSA BIRKEMEIER - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIR. OF CATERING AND SPECIAL EVENTS	137,817.	571.	0.
MICHAEL O'CONNOR - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	THEATRE MANAGER	133,055.	693.	0.
PHILIP MILLER - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	CONSULTANT	119,000.	0.	0.
JENNIFER YOUNG - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	SPECIAL EVENTS MANAGER	113,058.	261.	0.
THOMAS BELLISSINO - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	EXECUTIVE CHEF	108,299.	0.	0.

Total number of other employees paid over \$50,000 7

Part VII 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
NONE		

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

Part VIII-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 VIII-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	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

Part IX 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	1,349,413.
b	Average of monthly cash balances	1b	4,766,408.
c	Fair market value of all other assets (see instructions)	1c	2,328,767.
d	Total (add lines 1a, b, and c)	1d	8,444,588.
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	8,444,588.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	126,669.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	8,317,919.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	415,896.

Part X 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 IX, line 6	1	415,896.
2a	Tax on investment income for 2021 from Part V, line 5	2a	21,190.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	13,563.
c	Add lines 2a and 2b	2c	34,753.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	381,143.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	381,143.
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 XII, line 1	7	381,143.

Part XI 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	721,624.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	721,624.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				381,143.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	302,172.			
b From 2017	402,505.			
c From 2018	367,612.			
d From 2019	335,261.			
e From 2020	616,804.			
f Total of lines 3a through e	2,024,354.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 721,624.				
a Applied to 2020, 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 2021 distributable amount				381,143.
e Remaining amount distributed out of corpus	340,481.			
5 Excess distributions carryover applied to 2021 (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	2,364,835.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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 2016 not applied on line 5 or line 7	302,172.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	2,062,663.			
10 Analysis of line 9:				
a Excess from 2017 ...	402,505.			
b Excess from 2018 ...	367,612.			
c Excess from 2019 ...	335,261.			
d Excess from 2020 ...	616,804.			
e Excess from 2021 ...	340,481.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

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

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. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, and Other revenue.

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

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

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

		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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.	May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee _____ Date _____	Title PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name BRIAN YACKER	Preparer's signature BRIAN YACKER	Date 10/13/23	Check <input type="checkbox"/> if self-employed	PTIN P00401346
	Firm's name ▶ BAKER TILLY US, LLP		Firm's EIN ▶ 39-0859910		
	Firm's address ▶ 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612		Phone no. 949.222.2999		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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	SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 4,425,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	YVONNE ADAMS 227 S. ALTA VISTA BLVD., LOS ANGELES, CA 90036	\$ 10,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JULIE BARKER-MARTINEZ 10604 CUSHDON AVE LOS ANGELES, CA 90064	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KESHA BUHMAN 4712 ADMIRALTY WAY MARINA DEL REY, CA 90292	\$ 6,450.	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.)

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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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 INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
VARIOUS	28,274.	0.	28,274.	28,274.	
TO PART I, LINE 4	28,274.	0.	28,274.	28,274.	

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	2,309,205.
EQUIPMENT RENTAL, 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA	2	603,032.
TOTAL TO FORM 990-PF, PART I, LINE 5A		2,912,237.

FORM 990-PF

RENTAL EXPENSES

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND WAGES		396,794.	
PAYROLL TAX		26,665.	
OTHER EE BENEFITS		16,567.	
INSURANCE		84,404.	
PENSION		3,905.	
THEATRE OVERHEAD		34,044.	
BANK FEES		8,311.	
OCCUPANCY		68,218.	
IT		2,312.	
EQUIPMENT LEASE		8,573.	
PAYROLL FEES		4,510.	
ACCOUNTING		8,424.	
OFFICE EXPENSE		18,832.	
OUTSIDE SERVICE		10,688.	
PROPERTY TAXES		2,492.	
DEPRECIATION		64,244.	
SECURITY		434.	
- SUBTOTAL -	1		759,417.
TOTAL RENTAL EXPENSES			759,417.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			2,152,820.

FORM 990-PF

OTHER INCOME

STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EXEMPT PURPOSE PROGRAMS	102,643.	0.	
CATERING REVENUE	3,331,426.	0.	
MEMBERSHIP DUES AND ASSESSMENTS	105,601.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	3,539,670.	0.	

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	32,400.	8,424.		3,976.
TO FORM 990-PF, PG 1, LN 16B	32,400.	8,424.		3,976.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	14,004.	14,004.		0.
PAYROLL PROCESSING FEES	17,346.	4,510.		2,128.
OUTSIDE CONTRACT SERVICES	41,107.	10,688.		5,043.
TO FORM 990-PF, PG 1, LN 16C	72,457.	29,202.		7,171.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	186,439.	26,665.		29,199.
PERMITS AND FEES	6,135.	0.		6,135.
PROPERTY TAXES	49,835.	2,492.		15,011.
INCOME TAX EXPENSE	9,156.	0.		0.
FOREIGN TAXES	747.	747.		0.
TO FORM 990-PF, PG 1, LN 18	252,312.	29,904.		50,345.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
THEATER OVERHEAD	106,398.	34,043.		0.
ORGANIZATION ACTIVITY	99,715.	0.		99,715.
INSURANCE	341,966.	84,404.		41,374.
BANK FEES	20,554.	8,311.		0.
IT	46,237.	2,312.		13,927.
EQUIPMENT RENTAL	32,972.	8,573.		4,046.
OFFICE	77,643.	18,800.		10,706.
FOOD & BEVERAGE	416,211.	0.		0.
CATERING EXPENSE	960,684.	0.		0.
SECURITY	6,676.	434.		1,926.
TO FORM 990-PF, PG 1, LN 23	2,109,056.	156,877.		171,694.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	1,453,784.	1,453,784.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,453,784.	1,453,784.

FORM 990-PF

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
LIQUOR LICENSE	5,186.	5,186.	5,186.
INTERFUND RECEIVABLE	0.	9,000.	9,000.
TO FORM 990-PF, PART II, LINE 15	5,186.	14,186.	14,186.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
INTERCOMPANY PAYABLE	20,401.	17,503.
LOAN	626,952.	500,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	647,353.	517,503.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STACY BRIGHTMAN 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	EXECUTIVE DIRECTOR 40.00	166,886.	212.	0.
PATTY LOMBARD 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	PRESIDENT (UNTIL 06/30/22) 1.00	0.	0.	0.
LAURIE SCHECHTER 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	VICE PRESIDENT (UNTIL 06/30/22) 1.00	0.	0.	0.
DONNA RUSSELL 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	TREASURER 1.00	0.	0.	0.
ELIZABETH YEO 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	SECRETARY (UNTIL 11/01/21) 1.00	0.	0.	0.
J. LEE BRALY 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	SECRETARY (STARTING 01/01/22) 1.00	0.	0.	0.
MADLYN 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.
DENISE PARGA 743 S. LUCERNE BLVD. LOS ANGELES, CA 90005	MEMBER 1.00	0.	0.	0.

EBELL OF LOS ANGELES

95-0700747

CHRISTY MCAVOY
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER
1.00 0. 0. 0.

ANNE LYNCH
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.

LIZA DEVILLA AMEEN
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.

STEPHANIE KAISER
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER (UNTIL 10/01/21)
1.00 0. 0. 0.

JULIE BARKAN
743 S. LUCERNE BLVD.
LOS ANGELES, CA 90005

MEMBER (STARTING 12/01/21)
1.00 0. 0. 0.

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

<hr/>	<hr/>	<hr/>
166,886.	212.	0.
<hr/>	<hr/>	<hr/>

Type and Entity: SPECIAL FOOD SERVICE A POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2019	212,906.	212,906.	212,906.								
B	2020	375,782.	49,444.	49,444.								
C												
D												
E												
F												
G												
H												
I												
J												
K												
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M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover											
			Amount Used for 06/30/15	Amount Used for 06/30/16	Amount Used for 06/30/19	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for		
A	2011	102,288.	102,288.	6,192.	96,096.									
B	2012	104,416.	104,416.		69,869.	34,547.								
C	2013	164,915.	164,915.			164,915.								
D	2016	90,190.	90,190.			90,190.								
E	2017	191,716.	191,716.			191,716.								
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
Q														
R														
S														
T														
U														
V														
W														
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A														
B														
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V														
W														

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

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **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).**

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"/> 529A	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 95-070747 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 12,723,949.				

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

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 ▶ THE ORGANIZATION 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	65,588.
2 Reserved	2	
3 Add lines 1 and 2	3	65,588.
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	65,588.
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	65,588.
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	64,588.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	13,563.
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	13,563.

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			13,563.
3 Other amounts due. 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			13,563.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2020 overpayment credited to 2021	6a	28,000.		
b 2021 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			14,437.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 14,437. Refunded	11			0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
722320	\$ 588,688.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. 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.			
		Date	PRESIDENT	Title
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	BRIAN YACKER		BRIAN YACKER	10/13/23
	Firm's name BAKER TILLY US, LLP		Firm's EIN 39-0859910	
	Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612		Phone no. 949.222.2999	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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).

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 3,331,426.				
b Less returns and allowances	c Balance ▶	1c 3,331,426.		
2 Cost of goods sold (Part III, line 8)	2	1,376,895.		
3 Gross profit. Subtract line 2 from line 1c	3	1,954,531.		1,954,531.
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	603,032.	93,429.	509,603.
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	2,557,563.	93,429.	2,464,134.

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			1,409,831.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			155,105.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			63,398.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 13	14			507,862.
15 Total deductions. Add lines 1 through 14	15			2,136,196.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			327,938.
17 Deduction for net operating loss. See instructions STMT 14 STMT 17	17			262,350.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			65,588.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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 18	5	1,376,895.
6 Total. Add lines 1 through 5	6	1,376,895.
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	1,376,895.
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 743 SOUTH LUCERNE BLVD, LOS ANGELES, CA 90005

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)	603,032.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	603,032.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	603,032.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 19	93,429.			
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	93,429.			

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)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5 Readership costs
- 6 Circulation income
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.
---	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 13

DESCRIPTION	AMOUNT
OCCUPANCY	156,284.
SECURITY	3,977.
INSURANCE	208,887.
ACCOUNTING FEES	19,299.
OUTSIDE SERVICES	24,485.
PAYROLL PROCESSING FEES	10,332.
THEATRE OVERHEAD	72,355.
BANK FEES	12,243.
TOTAL TO SCHEDULE A, PART II, LINE 14	507,862.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 14

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
588,688.	262,350.	326,338.

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

STATEMENT 15

SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 16

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	212,906.	0.	212,906.	212,906.
06/30/21	375,782.	0.	375,782.	375,782.
NOL CARRYOVER AVAILABLE THIS YEAR			588,688.	588,688.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 17

TAXABLE INCOME FROM ALL ENTITIES	327,938.
THIS ENTITIES PORTION OF TAXABLE INCOME	327,938.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	327,938.
80% INCOME LIMITATION	262,350.
POST-2017 AVAILABLE	588,688.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	262,350.

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 18

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE COST	416,211.
CATERING COSTS OF GOODS SOLD	960,684.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	1,376,895.

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 19

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
IT		27,541.	
EQUIPMENT LEASE		19,640.	
OFFICE EXPENSE		46,248.	
- SUBTOTAL -	1		93,429.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			93,429.

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

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	6,379,143	00
	2 Gross dues and assessments from members and affiliates	2	105,601	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	4,543,156	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	11,027,900	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	11,027,900	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	5,304,788	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	5,723,112	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	

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	Title PRESIDENT	Date	<input type="checkbox"/> Telephone 323-931-1277 <input type="checkbox"/> PTIN P00401346
Preparer's signature	BRIAN YACKER	Date 10/13/23	<input type="checkbox"/> Firm's FEIN 39-0859910 <input type="checkbox"/> Telephone 949,222,2999
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.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	28,274	00	
	4	Gross rents	•	4	2,912,237	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	4,563	00	
	7	Other income SEE STATEMENT 3	•	7	3,434,069	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	6,379,143	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	•	11	167,098	00	
	12	Other salaries and wages	•	12	2,058,577	00	
	Expenses and Disbursements	13	Interest	•	13	949	00
		14	Taxes	•	14	252,312	00
		15	Rents	•	15	262,377	00
		16	Depreciation and depletion (See instructions)	•	16	247,092	00
		17	Other expenses and disbursements SEE STATEMENT 4	•	17	2,316,383	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,304,788	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,376,267	•	8,941,398
2 Net accounts receivable		535	•	88,091
3 Net notes receivable			•	
4 Inventories		22,439	•	36,754
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 5		1,263,158	•	1,453,784
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	5,920,018		6,048,536	
b Less accumulated depreciation	(4,407,367)	1,512,651	(4,654,459)	1,394,077
11 Land		734,580	•	734,580
12 Other assets STMT 6		110,619	•	75,265
13 Total assets		7,020,249		12,723,949
Liabilities and net worth				
14 Accounts payable		220,313	•	583,311
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 7		3,492,514		3,326,281
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,307,422	•	8,814,357
22 Total liabilities and net worth		7,020,249		12,723,949

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	•	5,506,935	7 Income recorded on books this year not included in this return. Attach schedule *	•	-216,177
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		-216,177
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		5,723,112
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		5,506,935			

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SMALL BUSINESS ADMINISTRATION	409 3RD ST SW WASHINGTON, DC 20416	06/30/22	4,425,685.
YVONNE ADAMS	227 S. ALTA VISTA BLVD., LOS ANGELES, CA 90036		10,295.
JULIE BARKER-MARTINEZ	10604 CUSHDON AVE LOS ANGELES, CA 90064		10,000.
KESHA BUHMAN	4712 ADMIRALTY WAY MARINA DEL REY, CA 90292		6,450.
TOTAL INCLUDED ON LINE 3			4,452,430.

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	07/07/21	06/30/22	PURCHASED	0.	0.	0.	4,563.
TOTAL ON FORM 199, PG 2, LINE 6				0.	0.	0.	4,563.

CA 199	OTHER INCOME	STATEMENT 3
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DESCRIPTION	AMOUNT
EXEMPT PURPOSE PROGRAMS	102,643.
CATERING REVENUE	3,331,426.
<hr/>	
TOTAL TO FORM 199, PART II, LINE 7	3,434,069.

CA 199	OTHER EXPENSES	STATEMENT 4
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DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	102,470.
ACCOUNTING FEES	32,400.
OTHER PROFESSIONAL FEES	72,457.
THEATER OVERHEAD	106,398.
ORGANIZATION ACTIVITY	99,715.
INSURANCE	341,966.
BANK FEES	20,554.
IT	46,237.
EQUIPMENT RENTAL	32,972.
OFFICE	77,643.
FOOD & BEVERAGE	416,211.
CATERING EXPENSE	960,684.
SECURITY	6,676.
<hr/>	
TOTAL TO FORM 199, PART II, LINE 17	2,316,383.

CA 199	INVESTMENTS IN STOCK	STATEMENT 5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITIES	1,263,158.	1,453,784.
<hr/>		
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,263,158.	1,453,784.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	105,433.	61,079.
LIQUOR LICENSE	5,186.	5,186.
INTERFUND RECEIVABLE	0.	9,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	110,619.	75,265.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTERCOMPANY PAYABLE	20,401.	17,503.
LOAN	626,952.	500,000.
DEFERRED REVENUE	2,845,161.	2,808,778.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,492,514.	3,326,281.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED LOSS		-252,177.
INTERCOMPANY TRANSFER		36,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-216,177.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,307,422.	8,814,357.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,307,422.	8,814,357.

California Exempt Organization Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

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: Description, Amount, and Balance. Rows include Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, and Use Tax/Overpayment.

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	76,224	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	3,331,426	b Less returns and allowances		c Balance	1c	3,331,426	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2	1,376,895	00
3 Gross profit. Subtract line 2 from line 1c					3	1,954,531	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	509,603	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	2,464,134	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	333,819	00
16 Repairs					16		00
17 Bad debts					17		00
18 Interest					18		00
19 Taxes		SEE STATEMENT 11			19	155,105	00
20 Contributions					20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)				00	21a		00
b Less: depreciation claimed on Schedule A				00	21b		00
22 Depletion					22		00
23 a Contributions to deferred compensation plans					23a		00
b Employee benefit programs					23b	15,402	00
24 Other deductions		SEE STATEMENT 12			24	507,862	00
25 Total deductions. Add line 14 through line 24					25	1,012,188	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					26	1,451,946	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	1,451,946	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	1,450,946	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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	BRIAN YACKER	Date 10/13/23	Check if self-employed <input 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	Firm's FEIN 39-0859910	Telephone 949, 222, 2999
	May the FTB discuss this return with the preparer shown above? See instructions			

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 14	•	4b	1,376,895 00
5	Total. Add line 1 through line 4b		5	1,376,895	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	1,376,895	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		603,032	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 13	(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)	
93,429	509,603				
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6			509,603		

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.

Total. Enter here and on Side 2, Part I, line 7

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.

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

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 sub-section for Exempt Controlled Organizations.

Table with 6 columns: 7 Taxable income, 8 Net unrelated income (loss), 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).

4 Add columns 5 and 10
5 Add columns 6 and 11
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

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.

Total. Enter here and on Side 2, line 10

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 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

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 10
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SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

TO FORM 109, PAGE 1

CA 109	TAXES PAID	STATEMENT 11
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DESCRIPTION	AMOUNT
PAYROLL TAXES	125,421.
PROPERTY TAXES	29,684.
TOTAL TO FORM 109, PAGE 2, LINE 19	155,105.

CA 109	OTHER DEDUCTIONS	STATEMENT 12
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DESCRIPTION	AMOUNT
OCCUPANCY	156,284.
SECURITY	3,977.
INSURANCE	208,887.
ACCOUNTING FEES	19,299.
OUTSIDE SERVICES	24,485.
PAYROLL PROCESSING FEES	10,332.
THEATRE OVERHEAD	72,355.
BANK FEES	12,243.
TOTAL TO FORM 109, PAGE 2, LINE 24	507,862.

CA 109	DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY	STATEMENT 13
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
IT		27,541.	
EQUIPMENT LEASE		19,640.	
OFFICE EXPENSE		46,248.	
- SUBTOTAL -	1		93,429.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			93,429.

CA 109

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 14

DESCRIPTION

AMOUNT

FOOD AND BEVERAGE COST

416,211.

CATERING COSTS OF GOODS SOLD

960,684.

TOTAL TO SCHEDULE A, LINE 4B

1,376,895.

**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

EBELL OF LOS ANGELES

Name of Organization

List all DBAs and names the organization uses or has used

743 SOUTH LUCERNE BLVD

Address (Number and Street)

LOS ANGELES, CA 90005

City or Town, State, and ZIP Code

323-931-1277

Telephone Number

STACY@EBELLOFLOSANGELES.COM

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number CT107791

Corporation or Organization No. 0026667

Federal Employer ID No. 95-0700747

**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 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 11,027,900 Noncash Contributions \$ 0 Total Assets \$ 12,723,949
Program Expenses \$ 721,624 Total Expenses \$ 5,304,788

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? SEE STATEMENT 15	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.

LAURIE SCHECHTER

PRESIDENT

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 15

NAME: SMALL BUSINESS ADMINISTRATION
ADDRESS: 409 3RD ST SW, WASHINGTON, DC 20416
PHONE #: 202-205-8800