

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	26,500.

		(a)	(b)	(c)	(d)
11	Installment due dates	11			06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12			15,500.
13	2022 Overpayment	13			
14	Payment due (Subtract line 13 from line 12)	14			15,500.

Form **990-W**

ESTIMATED TAX	26,500.
AMOUNT PAID	11,000.
AMOUNT DUE	15,500.

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

Name of foundation EBELL OF LOS ANGELES		A Employer identification number 95-0700747
Number and street (or P.O. box number if mail is not delivered to street address) 743 SOUTH LUCERNE BLVD.	Room/suite	B Telephone number 323-931-1277
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90005		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 13,933,426.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	447,723.			
	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	73,851.	73,851.		STATEMENT 1
	5a Gross rents	3,441,068.	2,499,121.		STATEMENT 2
	b Net rental income or (loss) 2,284,125.				STATEMENT 3
	6a Net gain or (loss) from sale of assets not on line 10	59,867.			
	b Gross sales price for all assets on line 6a 1,854,130.				
	7 Capital gain net income (from Part IV, line 2)		59,867.		
	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	4,915,147.	0.	0.	STATEMENT 4	
12 Total. Add lines 1 through 11	8,937,656.	2,632,839.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	214,061.	53,515.	0.	107,031.
	14 Other employee salaries and wages	2,819,255.	297,153.	0.	446,876.
	15 Pension plans, employee benefits	303,089.	101,809.	0.	58,660.
	16a Legal fees STMT 5	22,928.	11,430.	0.	11,498.
	b Accounting fees STMT 6	222,403.	0.	0.	59,449.
	c Other professional fees STMT 7	111,744.	15,836.	0.	11,610.
	17 Interest	20,641.	0.	0.	7,344.
	18 Taxes STMT 8	317,061.	40,561.	0.	55,859.
	19 Depreciation and depletion	200,627.	82,257.	0.	
	20 Occupancy	378,982.	0.	0.	72,878.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 9	3,005,842.	135,909.	0.	272,579.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,616,633.	738,470.	0.	1,103,784.
	25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25	7,616,633.	738,470.	0.	1,103,784.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	1,321,023.				
b Net investment income (if negative, enter -0-)		1,894,369.			
c Adjusted net income (if negative, enter -0-)			0.		

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	7,420,575.	7,626,706.	7,626,706.
	2 Savings and temporary cash investments	1,520,823.	508,477.	508,477.
	3 Accounts receivable	120,064.		
	Less: allowance for doubtful accounts	88,091.	120,064.	120,064.
	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	36,754.	39,506.	39,506.
	9 Prepaid expenses and deferred charges	61,079.	109,312.	109,312.
	10a Investments - U.S. and state government obligations	STMT 11 0.	1,635,259.	1,635,259.
	b Investments - corporate stock	STMT 12 1,453,784.	1,595,784.	1,595,784.
	c Investments - corporate bonds	STMT 13 0.	29,610.	29,610.
	11 Investments - land, buildings, and equipment: basis	7,108,771.		
Less: accumulated depreciation	4,855,086.	2,128,657.	2,253,685.	
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	STATEMENT 14 14,186.	15,023.	15,023.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	12,723,949.	13,933,426.	13,933,426.	
Liabilities	17 Accounts payable and accrued expenses	583,311.	531,003.	
	18 Grants payable			
	19 Deferred revenue	2,808,778.	2,539,340.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	STATEMENT 15 517,503.	517,668.	
23 Total liabilities (add lines 17 through 22)	3,909,592.	3,588,011.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	<input checked="" type="checkbox"/>		
	24 Net assets without donor restrictions	8,814,357.	10,345,415.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.	<input type="checkbox"/>		
	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	8,814,357.	10,345,415.		
30 Total liabilities and net assets/fund balances	12,723,949.	13,933,426.		

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	8,814,357.
2 Enter amount from Part I, line 27a	2	1,321,023.
3 Other increases not included in line 2 (itemize)	3	SEE STATEMENT 10 210,035.
4 Add lines 1, 2, and 3	4	10,345,415.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	10,345,415.

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			07/01/22	06/30/23
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 1,854,130.		1,794,263.	59,867.	
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			59,867.	
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	59,867.	
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	26,332.
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	26,332.
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	26,332.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	3,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	3,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	1,132.	
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	24,464.	
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 2023 estimated tax Refunded	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
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
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	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
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. _____ <u>CA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? 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 2022 or the tax year beginning in 2022? 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	15	N/A
16 At any time during calendar year 2022, 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)?	1a(5)	X
(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(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 <input type="checkbox"/>		
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 2022?	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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	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 2022 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 2022.)	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 2022?	4b	X

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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 16		214,061.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANESSA BIRKEMEIER - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF CATERING & SPEC. EVENTS 40.00	151,844.	4,555.	0.
THOMAS BELLISSIMO - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	EXECUTIVE CHEF 40.00	138,529.	4,156.	0.
JULIA SOTO - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF GRAPHICS & DATA SYSTEMS 40.00	103,927.	3,118.	0.
MEREDYTH DEIGHTON - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF MEMBERSHIPS & PROGRAMS 40.00	86,415.	2,593.	0.
RONY ROSENBAUM - 743 SOUTH LUCERNE BLVD., LOS ANGELES, CA 90005	DIRECTOR OF HUMAN RESOURCES 40.00	83,331.	680.	0.
Total number of other employees paid over \$50,000				0

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	2,895,048.
b	Average of monthly cash balances	1b	8,131,530.
c	Fair market value of all other assets (see instructions)	1c	2,537,590.
d	Total (add lines 1a, b, and c)	1d	13,564,168.
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	13,564,168.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	203,463.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	13,360,705.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	668,035.

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	668,035.
2a	Tax on investment income for 2022 from Part V, line 5	2a	26,332.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	3,382.
c	Add lines 2a and 2b	2c	29,714.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	638,321.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	638,321.
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	638,321.

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	1,103,784.
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	1,103,784.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				638,321.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017	402,505.			
b From 2018	367,612.			
c From 2019	335,261.			
d From 2020	616,804.			
e From 2021	340,481.			
f Total of lines 3a through e	2,062,663.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 1,103,784.				
a Applied to 2021, 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 2022 distributable amount				638,321.
e Remaining amount distributed out of corpus	465,463.			
5 Excess distributions carryover applied to 2022 (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	2,528,126.			
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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				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 2017 not applied on line 5 or line 7	402,505.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	2,125,621.			
10 Analysis of line 9:				
a Excess from 2018 ...	367,612.			
b Excess from 2019 ...	335,261.			
c Excess from 2020 ...	616,804.			
d Excess from 2021 ...	340,481.			
e Excess from 2022 ...	465,463.			

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 2022, 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)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

Part 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 SOUTH LUCERNE BLVD, LOS ANGELES, CA 90005

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

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

2022

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
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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	YVONNE ADAMS 227 S. ALTA VISTA BLVD. LOS ANGELES, CA 90036	\$ 5,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROSENTHAL FAMILY FOUNDATION 2049 CENTURY PARK EAST 1400 LOS ANGELES, CA 90067	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CA OFFICE OF SMALL BUSINESS ADVOCATE 1325 J STREET, SUITE 1800 SACRAMENTO, CA 95814	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CALIFORNIA ARTS COUNCIL 2750 GATEWAY OAKS DRIVE, SUITE 300 SACRAMENTO, CA 95833	\$ 27,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVE WASHINGTON, DC 20220	\$ 297,946.	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.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name EBELL OF LOS ANGELES	Employer identification number 95-0700747
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	26,332.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	26,332.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	21,190.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	21,190.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	11/15/22	12/15/22	03/15/23	06/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	5,298.	5,297.	5,298.	5,297.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		5,298.	10,595.	15,893.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		5,298.	10,595.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	5,298.	5,297.	5,298.	5,297.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			1,132.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF

RENTAL EXPENSES

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND WAGES		669,428.	
PAYROLL TAX		65,297.	
OTHER EE BENEFITS		66,899.	
INSURANCE		42,157.	
PENSION		3,688.	
THEATRE OVERHEAD		135,909.	
OTHER EXPENSES		4,449.	
OCCUPANCY		56,848.	
IT		4,484.	
EQUIPMENT LEASE		4,292.	
PAYROLL FEES		4,208.	
ACCOUNTING		33,360.	
OFFICE EXPENSE		18,871.	
OUTSIDE SERVICE		9,714.	
PROPERTY TAXES		2,535.	
DEPRECIATION		30,094.	
SECURITY		1,271.	
LEGAL		3,439.	
- SUBTOTAL -	1		1,156,943.
		0.	
		0.	
		0.	
TOTAL RENTAL EXPENSES			1,156,943.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			2,284,125.

FORM 990-PF

OTHER INCOME

STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EXEMPT PURPOSE PROGRAMS	236,810.	0.	0.
MEMBERSHIP DUES AND ASSESSMENTS	129,165.	0.	0.
CATERING REVENUE	4,549,172.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	4,915,147.	0.	0.

FORM 990-PF

LEGAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	22,928.	11,430.	0.	11,498.
TO FM 990-PF, PG 1, LN 16A	22,928.	11,430.	0.	11,498.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	222,403.	0.	0.	59,449.
TO FORM 990-PF, PG 1, LN 16B	222,403.	0.	0.	59,449.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL FEES	28,052.	0.	0.	9,981.
OUTSIDE SERVICE FEES	67,856.	0.	0.	1,629.
INVESTMENT FEES	15,836.	15,836.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	111,744.	15,836.	0.	11,610.

FORM 990-PF

TAXES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAX	250,745.	39,661.	0.	43,479.
PROPERTY TAXES	50,709.	0.	0.	11,196.
LICENSES AND PERMITS	3,327.	0.	0.	1,184.
FOREIGN TAXES	900.	900.	0.	0.
INCOME TAX EXPENSE	11,380.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	317,061.	40,561.	0.	55,859.

FORM 990-PF

OTHER EXPENSES

STATEMENT 9

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
THEATRE OVERHEAD	363,724.	135,909.	0.	0.
ORGANIZATION ACTIVITY	149,338.	0.	0.	149,338.
OFFICE EXPENSE	166,414.	0.	0.	72,833.
OTHER EXPENSES	38,248.	0.	0.	16,308.
INFORMATION TECHNOLOGY	29,891.	0.	0.	0.
INSURANCE	281,046.	0.	0.	22,944.
EQUIPMENT RENTAL	28,614.	0.	0.	7,649.
SECURITY	14,759.	0.	0.	3,507.
FOOD & BEVERAGE	660,427.	0.	0.	0.
CATERING OVERHEAD	1,273,381.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	3,005,842.	135,909.	0.	272,579.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 10

DESCRIPTION	AMOUNT
UNREALIZED GAIN	192,035.
INTERCOMPANY TRANSFER	18,000.
TOTAL TO FORM 990-PF, PART III, LINE 3	210,035.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 11

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT AND AGENCY SECURITIES	X		1,635,259.	1,635,259.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,635,259.	1,635,259.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,635,259.	1,635,259.

FORM 990-PF	CORPORATE STOCK	STATEMENT 12
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	1,595,784.	1,595,784.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,595,784.	1,595,784.

FORM 990-PF	CORPORATE BONDS	STATEMENT 13
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	29,610.	29,610.
TOTAL TO FORM 990-PF, PART II, LINE 10C	29,610.	29,610.

FORM 990-PF	OTHER ASSETS	STATEMENT 14	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
LIQUOR LICENSE	5,186.	5,186.	5,186.
INTERFUND RECEIVABLE	9,000.	9,837.	9,837.
TO FORM 990-PF, PART II, LINE 15	14,186.	15,023.	15,023.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 15
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
INTERCOMPANY PAYABLE LOAN	17,503. 500,000.	17,668. 500,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	517,503.	517,668.

FORM 990-PF

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

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAURIE SCHECHTER 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	PRESIDENT 1.00	0.	0.	0.
RANDI JONES 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	VICE PRESIDENT 1.00	0.	0.	0.
DONNA RUSSELL 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	TREASURER 1.00	0.	0.	0.
J. LEE BRALY 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	SECRETARY 1.00	0.	0.	0.
MADELYN MURRAY 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF FINANCE 1.00	0.	0.	0.
PHYLLIS HANSEN 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PROGRAMS 1.00	0.	0.	0.
LIZZIE BLATT 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PUBLICATIONS 1.00	0.	0.	0.
DENISE PARGA 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF HIST. COLLECTIONS 1.00	0.	0.	0.
CHRISTY MCAVOY 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF HOUSE & GROUNDS 1.00	0.	0.	0.
JULIE BARKAN 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF REST COTTAGE 1.00	0.	0.	0.

EBELL OF LOS ANGELES

95-0700747

ANNE LYNCH
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

DIRECTOR OF SCHOLARSHIP
1.00 0.

0. 0.

LATOYA HEARNS
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

DIRECTOR OF MEMBERSHIP
1.00 0.

0. 0.

LIZA DEVILLA AMEEN
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

DIRECTOR OF PUB. REL. (UNTIL 12/2022)
1.00 0.

0. 0.

CLARE SEBENIUS
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

DIRECTOR OF PUB. REL. (AS OF 1/2023)
1.00 0.

0. 0.

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

DIRECTOR OF GOVERNANCE
1.00 0.

0. 0.

FRAN VARGA
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

DIRECTOR OF DEVELOPMENT
1.00 0.

0. 0.

STACY BRIGHTMAN
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

EXECUTIVE DIRECTOR
40.00 214,061.

0. 0.

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

214,061.	0.	0.
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Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1		2	
3	Alternative minimum tax for trusts		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits		5	
6	Subtract line 5 from line 4		6	
7	Other taxes		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a		
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b		
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c		17,000.

		(a)	(b)	(c)	(d)
11	Installment due dates	11			06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12			17,000.
13	2022 Overpayment	13			11,055.
14	Payment due (Subtract line 13 from line 12)	14			5,945.

Form **990-W**

ESTIMATED TAX	17,000.
OVERPAYMENT APPLIED	11,055.
AMOUNT DUE	5,945.

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EBELL OF LOS ANGELES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 743 SOUTH LUCERNE BLVD.</p> <p>City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90005</p> <p>C Book value of all assets at end of year 13,933,426.</p>	<p>D Employer identification number 95-0700747</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

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 FOUNDATION** 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	17,107.
2 Reserved	2	
3 Add lines 1 and 2	3	17,107.
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	17,107.
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	17,107.
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	16,107.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,382.
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	3,382.

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		3,382.
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		3,382.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a	14,437.	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7	Total payments. Add lines 6a through 6g	7		14,437.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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		11,055.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 11,055. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 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 \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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		\$ 326,338.	
\$		\$	
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.			
	Signature of officer _____	Date _____	Title PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DONITA JOSEPH	DONITA JOSEPH	05/08/24	P00286656
	Firm's name WINDES, INC.	Firm's EIN 95-3001179		
	Firm's address P.O. BOX 87 LONG BEACH, CA 90801	Phone no. 562-435-1191		

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

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

1

OMB No. 1545-0047

2022

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

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).

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 RE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 4,549,172.			
b Less returns and allowances _____ c Balance	1c 4,549,172.		
2 Cost of goods sold (Part III, line 8)	2 1,933,808.		
3 Gross profit. Subtract line 2 from line 1c	3 2,615,364.		2,615,364.
4 a Capital gain net income (attach Schedule 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)	6 941,947.	227,815.	714,132.
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 3,557,311.	227,815.	3,329,496.

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	2,013,008.	
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6	200,271.	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10	16,495.	
11 Employee benefit programs	11	126,125.	
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14	SEE STATEMENT 17	888,063.
15 Total deductions. Add lines 1 through 14	15		3,243,962.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		85,534.
17 Deduction for net operating loss. See instructions	17	STMT 18 STMT 21	68,427.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		17,107.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold		Enter method of inventory valuation	N/A
1	Inventory at beginning of year		0.
2	Purchases		0.
3	Cost of labor		0.
4	Additional section 263A costs (attach statement)		0.
5	Other costs (attach statement)	STATEMENT 22	1,933,808.
6	Total. Add lines 1 through 5		1,933,808.
7	Inventory at end of year		0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		1,933,808.
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	<input type="checkbox"/> AUDIO/VIDEO PERSONAL PROPERTY 743 SOUTH LUCERNE BLVD, LOS ANGELES				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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)	941,947.			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	941,947.			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				941,947.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 23	227,815.			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				227,815.

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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 17

DESCRIPTION	AMOUNT
OTHER EXPENSES	18,786.
OCCUPANCY	272,564.
INSURANCE	233,230.
PAYROLL FEES	18,071.
ACCOUNTING	143,271.
OUTSIDE SERVICES	55,494.
SECURITY	9,508.
EQUIPMENT LEASE	18,433.
OFFICE EXPENSE	73,315.
IT	29,951.
INTEREST	13,297.
LICENSES AND PERMITS	2,143.
TOTAL TO SCHEDULE A, PART II, LINE 14	888,063.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 18

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
326,338.	68,427.	257,911.

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

STATEMENT 19

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 20

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	375,782.	49,444.	326,338.	326,338.
06/30/20	212,906.	212,906.	0.	0.
NOL CARRYOVER AVAILABLE THIS YEAR			326,338.	326,338.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 21
TAXABLE INCOME FROM ALL ENTITIES		85,534.
THIS ENTITIES PORTION OF TAXABLE INCOME		85,534.
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		85,534.
80% INCOME LIMITATION		68,427.
POST-2017 AVAILABLE		326,338.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		68,427.

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 22
DESCRIPTION		AMOUNT
FOOD AND BEVERAGE COST		660,427.
CATERING COSTS OF GOODS SOLD		1,273,381.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5		1,933,808.

FORM 990-T (A)	DEDUCTIONS CONNECTED WITH RENTAL INCOME	STATEMENT 23	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
THEATER OVERHEAD		227,815.	
- SUBTOTAL -	1		227,815.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			227,815.

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

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	10,284,196	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	447,723	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	10,731,919	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,794,263	00
	7	Total costs. Add line 5 and line 6	7	1,794,263	00
	8	Total gross income. Subtract line 7 from line 4	8	8,937,656	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,616,633	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,321,023	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer		Title PRESIDENT	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00286656
	Preparer's signature DONITA JOSEPH		Date 05/08/24	Check if self-employed <input type="checkbox"/>	Firm's FEIN 95-3001179
	Firm's name (or yours, if self-employed) and address WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801				Telephone 562-435-1191
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	73,851	00	
	4	Gross rents	•	4	3,441,068	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	1,854,130	00	
	7	Other income SEE STATEMENT 3	•	7	4,915,147	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	10,284,196	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	214,061	00	
	12	Other salaries and wages	•	12	2,819,255	00	
	Expenses and Disbursements	13	Interest	•	13	20,641	00
		14	Taxes	•	14	317,061	00
		15	Rents	•	15	378,982	00
		16	Depreciation and depletion (See instructions)	•	16	200,627	00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	3,666,006	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	7,616,633	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		8,941,398		8,135,183
2 Net accounts receivable		88,091		120,064
3 Net notes receivable				
4 Inventories		36,754		39,506
5 Federal and state government obligations				1,635,259
6 Investments in other bonds STMT 6				29,610
7 Investments in stock STMT 7		1,453,784		1,595,784
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	6,783,116		7,108,771	
b Less accumulated depreciation	(4,654,459)	2,128,657	(4,855,086)	2,253,685
11 Land				
12 Other assets STMT 8		75,265		124,335
13 Total assets		12,723,949		13,933,426
Liabilities and net worth				
14 Accounts payable		583,311		531,003
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		3,326,281		3,057,008
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		8,814,357		10,345,415
22 Total liabilities and net worth		12,723,949		13,933,426

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	•	1,531,058	7 Income recorded on books this year not included in this return. Attach schedule *
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year.
4 Income not recorded on books this year. Attach schedule	•		•
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		1,531,058	10 Net income per return. Subtract line 9 from line 6
			•
			210,035
			210,035
			1,321,023

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
YVONNE ADAMS	227 S. ALTA VISTA BLVD. LOS ANGELES, CA 90036		5,590.
ROSENTHAL FAMILY FOUNDATION	2049 CENTURY PARK EAST 1400 LOS ANGELES, CA 90067		20,000.
CA OFFICE OF SMALL BUSINESS ADVOCATE	1325 J STREET, SUITE 1800 SACRAMENTO, CA 95814		25,000.
CALIFORNIA ARTS COUNCIL	2750 GATEWAY OAKS DRIVE, SUITE 300 SACRAMENTO, CA 95833		27,630.
U.S. DEPARTMENT OF TREASURY	1500 PENNSYLVANIA AVE WASHINGTON, DC 20220		297,946.
TOTAL INCLUDED ON LINE 3			376,166.

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	07/01/22	06/30/23	PURCHASED	1,794,263.	0.	0.	1,854,130.
TOTAL ON FORM 199, PG 2, LINE 6				1,794,263.	0.	0.	1,854,130.

CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTIONAMOUNT

EXEMPT PURPOSE PROGRAMS

236,810.

MEMBERSHIP DUES AND ASSESSMENTS

129,165.

CATERING REVENUE

4,549,172.

TOTAL TO FORM 199, PART II, LINE 7

4,915,147.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 4

NAME AND ADDRESSTITLE AND
AVERAGE HRS WORKED/WKCOMPENSATIONLAURIE SCHECHTER
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005PRESIDENT
1.00

0.

RANDI JONES
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005VICE PRESIDENT
1.00

0.

DONNA RUSSELL
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005TREASURER
1.00

0.

J. LEE BRALY
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005SECRETARY
1.00

0.

EBELL OF LOS ANGELES

95-0700747

MADELYN MURRAY 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF FINANCE 1.00	0.
PHYLLIS HANSEN 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PROGRAMS 1.00	0.
LIZZIE BLATT 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PUBLICATIONS 1.00	0.
DENISE PARGA 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF HIST. COLLECTI 1.00	0.
CHRISTY MCAVOY 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF HOUSE & GROUND 1.00	0.
JULIE BARKAN 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF REST COTTAGE 1.00	0.
ANNE LYNCH 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF SCHOLARSHIP 1.00	0.
LATOYA HEARNS 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF MEMBERSHIP 1.00	0.
LIZA DEVILLA AMEEN 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PUB. REL. (UNT 1.00	0.
CLARE SEBENIUS 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF PUB. REL. (AS 1.00	0.
JANIS BARQUIST 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF GOVERNANCE 1.00	0.
FRAN VARGA 743 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90005	DIRECTOR OF DEVELOPMENT 1.00	0.

EBELL OF LOS ANGELES

95-0700747

STACY BRIGHTMAN
743 SOUTH LUCERNE BLVD.
LOS ANGELES, CA 90005

EXECUTIVE DIRECTOR
40.00

214,061.

TOTAL TO FORM 199, PART II, LINE 11

214,061.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS		303,089.
LEGAL FEES		22,928.
ACCOUNTING FEES		222,403.
OTHER PROFESSIONAL FEES		111,744.
THEATRE OVERHEAD		363,724.
ORGANIZATION ACTIVITY		149,338.
OFFICE EXPENSE		166,414.
OTHER EXPENSES		38,248.
INFORMATION TECHNOLOGY		29,891.
INSURANCE		281,046.
EQUIPMENT RENTAL		28,614.
SECURITY		14,759.
FOOD & BEVERAGE		660,427.
CATERING OVERHEAD		1,273,381.
TOTAL TO FORM 199, PART II, LINE 17		3,666,006.

CA 199	INVESTMENTS IN OTHER BONDS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CORPORATE BONDS	0.	29,610.
TOTAL TO FORM 199, SCHEDULE L, LINE 6	0.	29,610.

CA 199	INVESTMENTS IN STOCK	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITIES	1,453,784.	1,595,784.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,453,784.	1,595,784.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	61,079.	109,312.
LIQUOR LICENSE	5,186.	5,186.
INTERFUND RECEIVABLE	9,000.	9,837.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	75,265.	124,335.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTERCOMPANY PAYABLE	17,503.	17,668.
LOAN	500,000.	500,000.
DEFERRED REVENUE	2,808,778.	2,539,340.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,326,281.	3,057,008.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
DESCRIPTION		AMOUNT
UNREALIZED GAIN		192,035.
INTERCOMPANY INCOME		18,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		210,035.

CA 199	FUND BALANCES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	8,814,357.	10,345,415.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	8,814,357.	10,345,415.

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX (Complete and retain for your files)

Table with 9 rows for tax computation: 1. Estimated Income, 2. Tax - Amount on line 1 X, 3. Tax Credits, 4. Balance (subtract line 3 from line 2), 5. Other taxes, 6. Total estimated tax, 7. Overpayment on prior year return, 8. Amount already paid, 9. Net estimated tax. Total for line 7 is 68,407.

Caution: The corporation may be required to pay electronically. See instructions. DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 1

CALIFORNIA FORM

100-ES

TYB 07-01-2023 TYE 06-30-2024 EBELL OF LOS ANGELES 95-0700747 000000000000 23 FORM 2

743 SOUTH LUCERNE BLVD LOS ANGELES CA 90005

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.
If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 2

CALIFORNIA FORM

100-ES

95-0700747 000000000000 23 FORM 2
TYB 07-01-2023 TYE 06-30-2024
EBELL OF LOS ANGELES

743 SOUTH LUCERNE BLVD
LOS ANGELES CA 90005

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

Form at bottom of page.

Installment 3 - File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.
If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 3

CALIFORNIA FORM

100-ES

95-0700747 000000000000 23 FORM 2
TYB 07-01-2023 TYE 06-30-2024
EBELL OF LOS ANGELES

743 SOUTH LUCERNE BLVD
LOS ANGELES CA 90005

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

2022

Underpayment of Estimated Tax by Corporations

5806

For calendar year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022 and ending (mm/dd/yyyy) 06/30/2023

Corporation name

EBELL OF LOS ANGELES

California corporation number

0026667

Part I Figure the Underpayment

1	Current year's tax. See instructions				1	7,473
		(a)	(b)	(c)		(d)
2	Installment due dates. See instructions	10/17/22	12/15/22	03/15/23		06/15/23
3	Percentage required. See instructions	30% (not less than min.)	70% less 1st	70% less prior		100% less prior
4	Amount due. See instructions	2,242	2,989			2,242
5 a	Amount paid or credited for each installment					
b	Overpayment from previous installment					
6	Add line 5a and line 5b					
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	2,242	2,989			2,242

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?		X		X			X	X
b	Exception A - Large Corporations, line 30, met?								
9	Exception B (line 42) met?								
10	Exception C (line 64) met?								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.					
12	Number of days from date shown on line 2 to date shown on line 11					
13	Number of days on line 12 before 7/01/22, or the payment date, whichever is earlier					
14	Number of days on line 12 after 6/30/22 and before 1/01/23, or the payment date, whichever is earlier					
15	Number of days on line 12 after 12/31/22 and before 7/01/23, or the payment date, whichever is earlier. Calendar yr corps. , see instr.					
16	For fiscal yr corps. only. Number of days on line 12 after 6/30/23 and before 1/01/24. See instr.					
17	For fiscal year corps. only. Number of days on line 12 after 12/31/23 and before 2/15/24					
18	Number of days on line 13 Number of days in taxable year x 3% x line 7					
19	Number of days on line 14 Number of days in taxable year x 3% x line 7					
20	Number of days on line 15 Number of days in taxable year x 5% x line 7					
21	Number of days on line 16 x % (see instr.) Number of days in taxable year x line 7					
22	Number of days on line 17 x % (see instr.) Number of days in taxable year x line 7	SEE ATTACHED WORKSHEET				
22a	Add amounts for each column from line 18 through line 22					
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27					350

California Exempt Organization Business Income Tax Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

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 SEE STATEMENT 12 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 (1-3), Taxable Trust (4), Tax Computation (5-11), Total Tax (12-14), Payments (15-19), and Use Tax/Tax Due/Overpayment (20-25).

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	350 00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29		00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	4,549,172	b Less returns and allowances		c Balance	1c	4,549,172	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2	1,933,808	00
3 Gross profit. Subtract line 2 from line 1c					3	2,615,364	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	714,132	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	3,329,496	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	2,013,008	00
16 Repairs					16		00
17 Bad debts					17		00
18 Interest. Attach schedule					18		00
19 Taxes. Attach schedule		SEE STATEMENT 13			19	200,271	00
20 Contributions. See instructions and attach schedule					20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a		00				
b Less: depreciation claimed on Schedule A. See instructions	21b		00		21		00
22 Depletion. Attach schedule					22		00
23 a Contributions to deferred compensation plans					23a	16,495	00
b Employee benefit programs. See instructions					23b	126,125	00
24 Other deductions. Attach schedule		SEE STATEMENT 14			24	888,063	00
25 Total deductions. Add line 14 through line 24					25	3,243,962	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					26	85,534	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	85,534	00
29 Specific deduction. See instructions					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	84,534	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	Date	Telephone
		PRESIDENT		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	PTIN
		05/08/24	<input type="checkbox"/>	P00286656
	Firm's name (or yours, if self-employed) and address			Firm's FEIN
	WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801			95-3001179
				Telephone
				562-435-1191
	May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b	1,933,808	00
5	Total. Add line 1 through line 4b	5	1,933,808	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	1,933,808	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. See instructions.

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. See instructions	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: See instructions			
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	941,947	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 15	(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 (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)
227,815	714,132			

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 **714,132**

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, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

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, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

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

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

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

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. Rows include a, b, c, and Totals.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: d, e, f. Rows for separate basis reporting.

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. Includes instructions for totals.

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. Includes a Total row.

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. Includes rows for total additional first-year depreciation, other depreciation (Buildings, Furniture, etc.), and total.

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 12
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SPECIAL FOOD SERVICE AND PERSONAL PROPERTY RENTALS

TO FORM 109, PAGE 1

CA 109	TAXES PAID	STATEMENT 13
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DESCRIPTION	AMOUNT
PROPERTY TAXES	32,666.
PAYROLL TAX	167,605.
TOTAL TO FORM 109, PAGE 2, LINE 19	200,271.

CA 109	OTHER DEDUCTIONS	STATEMENT 14
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DESCRIPTION	AMOUNT
OTHER EXPENSES	18,786.
OCCUPANCY	272,564.
INSURANCE	233,230.
PAYROLL FEES	18,071.
ACCOUNTING	143,271.
OUTSIDE SERVICES	55,494.
SECURITY	9,508.
EQUIPMENT LEASE	18,433.
OFFICE EXPENSE	73,315.
IT	29,951.
INTEREST	13,297.
LICENSES AND PERMITS	2,143.
TOTAL TO FORM 109, PAGE 2, LINE 24	888,063.

CA 109 DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY STATEMENT 15

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
THEATER OVERHEAD		227,815.	
- SUBTOTAL -	1		227,815.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			227,815.

CA 109 COST OF GOODS SOLD - OTHER COSTS STATEMENT 16

DESCRIPTION	AMOUNT
FOOD AND BEVERAGE COST	660,427.
CATERING COSTS OF GOODS SOLD	1,273,381.
TOTAL TO SCHEDULE A, LINE 4B	1,933,808.

**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@EBELLOFLA.ORG

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 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 8,937,656 Noncash Contributions \$ 0 Total Assets \$ 13,933,426
Program Expenses \$ 1,103,784 Total Expenses \$ 7,616,633

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
	SEE STATEMENT 17	
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 17

U.S. DEPARTMENT OF TREASURY
1500 PENNSYLVANIA AVE
WASHINGTON, DC 20220

CALIFORNIA OFFICE OF THE SMALL BUSINESS ADVOCATE
1325 J STREET, SUITE 1800
SACRAMENTO, CA 95814

CALIFORNIA ARTS COUNCIL
2750 GATEWAY OAK DRIVE, SUITE 300
SACRAMENTO, CA 95833