EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A I	For the	e 2019 calendar year, or tax year beginning	and	ending	_			
	Check if applicabl	C Name of organization			D Employer identifie	cation number		
	Addre	e LOS ANGELES CITY COLLEGE	FOUNDATION					
	Name chang	Doing business as			95-6207819			
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delive 855 N VERMONT AVE	Room/suite	E Telephone number (323)953-4011				
	⊥return. termin ated				3,094,705.			
	Amen	, , , , , , , , , , , , , , , , , , , ,	or foreign postal code		G Gross receipts \$			
F	return ∏Applic	•	RT SCHWARTZ		H(a) Is this a group re for subordinates			
_	tion pendii	SAME AS C ABOVE	ti belimini		H(b) Are all subordinates in	·····= =		
$\overline{}$	Tay.ey		(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)		
		te: N/A	(1113011110.)	01 021	H(c) Group exemptio			
			ciation Other	L Year		1 State of legal domicile: CA		
		Summary		12 100	or formation, — = = =	otato or logar dominono, 9-1-		
	1	Briefly describe the organization's mission or most sig	inificant activities: TO Pi	ROVIDE	EDUCATIONAL	J		
Governance		FACILITIES, PROVIDE SCHOLAR						
nar	2	Check this box if the organization disconting	nued its operations or dispos	sed of more	than 25% of its net ass	sets.		
Ş.	3	Number of voting members of the governing body (Pa			3	24		
		Number of independent voting members of the govern				24		
δ 8	5	Total number of individuals employed in calendar yea				11		
vitie	6	Total number of volunteers (estimate if necessary)			6	30		
Activities &	7 a	Total unrelated business revenue from Part VIII, colun				0.		
_	b	Net unrelated business taxable income from Form 99	0-T, line 39	·····	7b	0.		
					Prior Year	Current Year		
<u>o</u>	8				3,805,377.	2,254,625.		
Revenue	9				5,030.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, ar			527,695.	596,721.		
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			5,840.	27,667.		
		Total revenue - add lines 8 through 11 (must equal Pa			4,343,942.	2,879,013.		
	1	Grants and similar amounts paid (Part IX, column (A),			513,685.	1,047,347.		
	1	Benefits paid to or for members (Part IX, column (A), I			640 433	0. 778,714.		
es	15	Salaries, other compensation, employee benefits (Par			649,432.	7/8,714.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.		
Ä	۵_ ا	Total fundraising expenses (Part IX, column (D), line 2			2,383,746.	920,816.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11 Total expenses. Add lines 13-17 (must equal Part IX, of			3,546,863.	2,746,877.		
		Revenue less expenses. Subtract line 18 from line 12			797,079.	132,136.		
	19	nevertue less experises. Subtract line 16 from line 12		Ra	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		50	25,884,124.	33,417,446.		
Assi	21	Total liabilities (Part X, line 26)			589,367.	778,804.		
Net	22	Net assets or fund balances. Subtract line 21 from lin	e 20		25,294,757.	32,638,642.		
Pa	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of wh	nich preparer	has any knowledge.			
Sig	n	Signature of officer			Date			
Her	·e	· · · · · · · · · · · · · · · · · · ·	VE DIRECTOR					
		Type or print name and title		1.) I =			
_			reparer's signature	l	Date Check	PTIN		
Paid		CATHERINE L. GRAY		<u> </u> 0	8/17/20 self-employ			
	parer	Firm's name EIDE BAILLY LLP	TD GET 200		Firm's EIN ▶	45-0250958		
Use	Only	Firm's address 10681 FOOTHILL BLV				0 466 4410		
_		RANCHO CUCAMONGA,			Phone no. 90	9-466-4410 X Yes No		
Ma	v tne li	RS discuss this return with the preparer shown above	/ ISBB Instructions)			X Yes No		

- 41	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROMOTE, FOSTER, ENCOURAGE AND PROVIDE EDUCATIONAL AND RECREATIONAL	
	FACILITIES AT LOS ANGELES CITY COLLEGE; TO PROVIDE FOR SCHOLARSHIPS	
	AND OTHER FINANCIAL ASSISTANCE TO STUDENTS AND FACULTY; TO RAISE FUNDS FOR THE GENERAL WELFARE OF THE STUDENTS AND FACULTY OF LOS ANGELES	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	□No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∏No.
•	If "Yes," describe these changes on Schedule O.	_ 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 470,611. including grants of \$ 470,611.) (Revenue \$)
	SCHOLARSHIPS- THE ORGANIZATION PROVIDED SCHOLARSHIPS TO QUALIFIED LACC	
	STUDENTS	
41	(Code:) (Expenses \$ 465,624 • including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$465,624. including grants of \$) (Revenue \$) DEPARTMENTS - THE ORGANIZATION PROVIDED FUNDING FOR ACADEMIC DEPARTMENTS)
	AT LACC AND STUDENT COMMUNITY INVOLVEMENT	<u> </u>
	AT BACC AND STODENT COMMONTH INVOLVEMENT	
4c	(Code:) (Expenses \$1,016,086. including grants of \$576,736.) (Revenue \$)
	GRANTS - DEPARTMENT OF EDUCATION GRANTS TO FUND CAPITAL IMPROVEMENTS TO	
	LACC IN RELATION TO NEW EDUCATIONAL PROGRAMS FOR STUDENTS	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \(\) 1,952,321.	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Λ	l

Form 990 (2019) LOS ANGELES CITY COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-22	Х
	• • • • • • • • • • • • • • • • • • • •	35a		- 41
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	- 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

019) LOS ANGELES CITY COLLEGE FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Activities and the second sec	,	_		v
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 TO		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	-	6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		<u> </u>		
b	were not tax deductible?	· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a		х
		nece promoca to ane payer.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:	40-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
'' a		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	inaama0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	16		<u> </u>
	n res, complete runn 4720, soneddie O.				

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line da, db, di 100 bolon, decembe une directinatariose, producese, di changes di ceriodale e. ede metadelene.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T.,	Γ
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 24	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 1b 24			
b	J	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_V
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		_V
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		1 37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	Х	37
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,,,
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	١		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	. , , ge	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	Х	37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (323)953-4011			
	855 N VERMONT AVE, LOS ANGELES, CA 90029			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	I	i ii Zu	((рсп	out	(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	o nal tı		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) C. EDWARD DILKES	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(2) NICK HALARIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JOAN DANGERFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MICHAEL G. MORGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HARVEY ENGLANDER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(6) DEAN HANSELL	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) RICK LANDIS	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) THEO KINGMA	1.00	.,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) MIKE HARRIEL	1.00	7,7							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) YOUNGSUN PARK BOARD MEMBER	1.00	Х						0.	0.	0.
(11) SELINA CHI	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) DANNY CHAN	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(13) MARGARET MARTIN	1.00							•	•	
BOARD MEMBER		х						0.	0.	0.
(14) ROBERT REEVES	1.00								•	•
BOARD MEMBER		х						0.	0.	0.
(15) JEFF ZARRINNAM	1.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(16) VICTOR CHEN	1.00									
BOARD MEMBER		Х					L	0.	0.	0.
(17) DJ MOORE	1.00									
BOARD MEMBER		Х						0.	0.	0.

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(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation		Esti	(F) mated	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer D	Key employee	Highest compensated sn.t.		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	- 1	compe fror orgar	m the nization relate	e on ed
(18) LARA YERETSIAN	1.00	7,						0.).			^
BOARD MEMBER (19) MARVIN HOFFMAN	1.00	Х						0.		' +			0.
CHAIRMAN	1.00	Х		х				0.	C).			0.
(20) ALAN DANIELS	1.00									+			
BOARD MEMBER		х						0.	C).			0.
(21) DAVID FORD	1.00									\top			
BOARD MEMBER		Х						0.	C).			0.
(22) JOANNE HOFFMAN	1.00												
BOARD MEMBER		Х						0.	C) .			0.
(23) JERROD MCCLUNG	1.00								_				
BOARD MEMBER	1 00	Х						0.	C).			0.
(24) ALEX SWART	1.00	.,											^
BOARD MEMBER	1 00	Х	_					0.	C).			0.
(25) ROBERT WINTERS TREASURER	1.00	х		х				0.	r).			0.
(26) JULIE C STROMBERG	1.00	Δ		^				0.		'`			<u> </u>
SECRETARY	1.00	х		Х				0.	C).			0.
1b Subtotal						_	—	0.).			0.
c Total from continuation sheets to Part VII								317,668.).	25	,18	
d Total (add lines 1b and 1c)							•	317,668.	C).		,18	
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
											Y	es	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for st										.	3		<u>X</u>
4 For any individual listed on line 1a, is the su													Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										-	4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	<u>Diete Scriedule</u>	, J 10	JI SL	<u>ICIT </u>	Jers	OII .				<u>- </u>	<u> </u>		
Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsatio	on from	ı	
the organization. Report compensation for t													
(A)								(B)			(C)		
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Co	mpens	ation	
							-						
-							_						
							T						
										_			
2 Total number of independent contractors (in	•	ot lin	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz SEE PART VII, SECTION		TNT	TT7	πт) N∩		ייט	THC.		_	. 0	<u>م</u>	04.0,
DEE LWKI AIT' DECITON	A COMT	ΤIJ	υA	ΤТ	OΤΛ	S	пĿ	11 D		F	orm 9 9	JU (2	U19)

Form 990 LOS ANGEI	FS CITY		:OL	ĿЕ	GE	F.	ΟU	NDATION	95-620	7819
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl	neck	Posi	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROBERT SCHWARTZ EXECUTIVE DIRECTOR	40.00			Х				138,168.	0.	3,075
(28) DAREN LYNNE DIR OF SPECIAL PROJECTS	40.00			х				96,000.	0.	
(29) MARTHA PELAYO	40.00									10,430
DIR OF CORPORATE & FOUNDAT				Х				83,500.	0.	11,676
Total to Part VII, Section A, line 1c								317,668.		25,181

95-6207819

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		oncon in contourie o contains a response o	or moto to driy iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı a			-			
ij d	D.		429,043.				
ts, An	C		429,043.	-			
ig ig	C	Related organizations 1d		-			
ns, Sim	е	Government grants (contributions)		-			
er S	f	All other contributions, gifts, grants, and	005 500				
ig #		The second secon	825,582.	-			
d C	g	Noncash contributions included in lines 1a-1f 1g \$	39,149.				
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f		2,254,625.			
			Business Code				
ø	2 a	r <u></u>					
Ş	b						
Sel	С						
an eve	d						
Be	е						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, intere					
	Ü	other similar amounts)		596,721.			596,721.
	4	Income from investment of tax-exempt bond p		330,721.			330,721.
	4						
	5	Royalties(i) Real	(ii) Personal				
			(II) Personal	-			
		Gross rents6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
en	c	Gain or (loss) 7c					
Revenue		Net gain or (loss)	>				
her		Gross income from fundraising events (not	•				
윰		including \$ 429,043. of					
		contributions reported on line 1c). See					
			215,692.				
	h		215,692.	-			
		Net income or (loss) from fundraising events	<u> </u>	0.			
		` '	······	0.			
	эa	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a		-			
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
₁			Business Code				
ñ e	11 a	MISCELLANEOUS	611710	27,667.	27,667.		
Miscellaneous Revenue	b						
eve	С						
lisc B	d	All other revenue					
2	е	Total. Add lines 11a-11d		27,667.			
	12	Total revenue See instructions		2 879 013.	27 667.	0.	596.721.

Section 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	evherises
	and domestic governments. See Part IV, line 21	576,736.	576,736.		
	Grants and other assistance to domestic	,	,		
	individuals. See Part IV, line 22	470,611.	470,611.		
	Grants and other assistance to foreign	•	ŕ		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	317,668.	187,424.	130,244.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	461,046.	272,017.	189,029.	
	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	155,663.		155,663.	
	Other. (If line 11g amount exceeds 10% of line 25,	-			
_	column (A) amount, list line 11g expenses on Sch O.)	264,676.	175,073.	89,603.	
	Advertising and promotion	1,000.	-	1,000.	
	Office expenses	42,181.	1,639.	23,434.	17,108.
	Information technology	58,462.	47,515.	10,947.	•
	Royalties	-	-		
	Occupancy				
	Travel	68,456.	26,804.	41,345.	307.
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	32,245.	24,602.	7,643.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	5,814.		5,814.	
23	Insurance	25,645.		25,645.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS	81,594.	81,594.		
b	DATABASE MAINTENANCE AN	61,472.	36,268.	25,204.	
	EQUIPMENT AND MAINTENAN	48,505.	44,768.	3,737.	
	PRODUCTION COSTS	31,060.	1,500.	1,400.	28,160.
	All other expenses	44,043.	5,770.	30,367.	7,906.
	Total functional expenses. Add lines 1 through 24e	2,746,877.	1,952,321.	741,075.	53,481.
	Joint costs. Complete this line only if the organization		. ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,151,079.	1	1,456,236.		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		292,742.	3	119,569.	
	4	Accounts receivable, net			92,598.	4	75,067.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	-	· ·		6	
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		90,088.			
	b	Less: accumulated depreciation			14,279.	10c	10,601.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	24,183,426.	12	31,548,293.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	150,000.	15	207,680.		
	16	Total assets. Add lines 1 through 15 (must ed		ı	25,884,124.	16	33,417,446.
	17	Accounts payable and accrued expenses			18,727.	17	23,268.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
iabi		controlled entity or family member of any of th	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	oarties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			570,640.	25	755,536.
	26	Total liabilities. Add lines 17 through 25			589,367.	26	778,804.
"		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.			654 600		055 050
<u>la</u>	27				651,698.	27	855,872.
Ã	28				24,643,059.	28	31,782,770.
ů		Organizations that do not follow FASB ASC	958, che	eck here 🕨 💹			
Ē		and complete lines 29 through 33.					
is o	29	Capital stock or trust principal, or current fund				29	
ssei	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds	05 004 555	31	20 620 640
Ş	32				25,294,757.	32	32,638,642.
	33	Total liabilities and net assets/fund balances			25,884,124.	33	33,417,446.

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,879,013. Total revenue (must equal Part VIII, column (A), line 12) 1 2,746,877. Total expenses (must equal Part IX, column (A), line 25) 2 2 132,136. Revenue less expenses. Subtract line 2 from line 1 3 3 25,294,757. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 7,211,749 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 32,638,642. 10 column (R)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

LOS ANGELES CITY COLLEGE FOUNDATION

Employer identification number 95-6207819

Pá	art I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.			
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chi	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2	$\overline{\Box}$	A school described in sect i	•				<i>,</i> , , , , , , , , , , , , , , , , , ,			
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	一	A medical research organization					•	the hospital's name.		
•		city, and state:	a.i.o oporatoa ii. oo.	nganisansin man a nisepitan	4000111004	0001.0		and noophal o name,		
5	X	An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.			
a	ıL		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
t	,		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
	_	its supported organization	n(s) (see instructions)). You must complete i	Part IV, Se	ctions A,	D, and E.			
C	ı 🗀		integrated. A supp	orting organization oper	ated in co	nnection v	rith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	cation generally must sat	isfy a distr	ibution red	uirement and an attentiv	/eness		
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
e	•	Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	I (iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(II) EIIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No				
Tot	al						l	I		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4064298.	12494058.	3131154.	3805377.	2254625.	<u>25749512.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4064298.	12494058.	3131154.	3805377.	2254625.	25749512.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						25749512.
Sec	ction B. Total Support				T	.	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4064298.	12494058.	3131154.	3805377.	2254625.	25749512.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	104 500		40= 660			1044000
	and income from similar sources	184,783.	199,941.	435,669.	527,695.	596,721.	1944809.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		F 670	217 026	F 040	27 667	256 212
	assets (Explain in Part VI.)		5,6/0.	317,036.	5,840.		356,213.
	Total support. Add lines 7 through 10						28050534.
12	Gross receipts from related activities,	•	,			12	293,150.
13		-			-		
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P
14				olumn (f))		14	91.80 %
15	Public support percentage for 2018					15	93.25 %
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c						
~	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		·		•		▶ □
_18	Private foundation. If the organization			•	,		<u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	1	1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont			- 504(-)(0)	
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
П	1		
П	2		
	3a		
L	3b		
L	3c		
	4a		
H	4b		
	4c		
	5a		
	<u> </u>		
Г	5b		
	5с		
	6		
L	7		
	8		
\vdash	9a		
	Ok		
	9b		
	9c		
	<i>3</i> 0		
	40		
\vdash	10a		
	104		
	10b		

Par	rt IV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
h		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
Sect	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		, ,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations	I	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		
	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3

2 Acquisition indebtedness applicable to non-exempt-use assets

emergency temporary reduction (see instructions).

3 Subtract line 2 from line 1d.

instructions).

Schedule A (Form 990 or 990-EZ) 2019

 b Excess from 2016
 C Excess from 2017

 d Excess from 2018
 C Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2020. Add lines 3j

Part VI. See instructions.

and 4c.Breakdown of line 7:a Excess from 2015

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 LOS ANGELES CITY COLLEGE FOUNDATION

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LOS ANGELES CITY COLLEGE FOUNDATION

Employer identification number 95-6207819

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

Pa	rt III	Organizations Maintaining Co	llections of Ar	t, Historical Tre	asures, o	r Othe	r Simil	ar Assets	s (contii	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	colle	ection items (check all that apply):									
а		Public exhibition	d	I Loan or excl	nange progra	am					
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Prov	ride a description of the organization's col	lections and explair	n how they further th	e organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be	e sold to raise funds rather than to be mai	ntained as part of th	he organization's col	lection?				Yes		No
Pai	rt IV	Escrow and Custodial Arrang							line 9, or		
		reported an amount on Form 990, Part									
1a	ls th	e organization an agent, trustee, custodia	n or other intermed	iary for contributions	or other ass	sets not	included				
	on F	orm 990, Part X?							Yes		No
b	If "Y	es," explain the arrangement in Part XIII a	nd complete the fol	lowing table:							
		· ·	•	-					Amoun	t	
С	Begi	nning balance					1c				
d	_	tions during the year									
е		ibutions during the year									
f		ng balance					1f				
2a		the organization include an amount on Fo					ity?		Yes		No
b		es," explain the arrangement in Part XIII. (_]
Pai	rt V	Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
			(a) Current year	(b) Prior year	(c) Two year			e years back	(e) Fou	rvears	back
1a	Beai	nning of year balance	20,217,599.	18,303,646.	16,736			423,272.		,672,	
b		tributions	518,567.		1,566	5,878.		312,139.		,750,	
С		investment earnings, gains, and losses	9,923,748.		•			1,357.			
d		nts or scholarships									
е		er expenditures for facilities									
		programs	511,785.								
f		inistrative expenses									
g		of year balance	30,148,129.	20,217,599.	18,303	3,646.	16	736,768.	6	,423,	272.
2		ride the estimated percentage of the curre	nt vear end balance					•			
а		rd designated or quasi-endowment	.40	%	,						
b		nanent endowment 99.60	%	<u> </u>							
С		n endowment > %	 . 6								
	The	percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За		there endowment funds not in the posses	•	ation that are held an	d administer	ed for th	ne organi	zation			
	by:	·	· ·				· ·			Yes	No
		Unrelated organizations							3a(i)	Х	
		Related organizations							3a(ii)		Х
b		es" on line 3a(ii), are the related organizati									
4		cribe in Part XIII the intended uses of the c									
Pai	rt VI	Land, Buildings, and Equipme	ent.								
		Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
		Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumula	ated	(d) Boo	k valu	
			basis (investr		(other)	de	preciatio	n			
1a	Land	J									
b		dings									
С		sehold improvements									
d		pment									
е		er		9	0,088.		79,4	487.	1	0,6	01.
		l lines 1a through 1e. (Column (d) must ea	-	•				▶	1	0,6	01.

Schedule D (Form 990) 2019 LOS ANGELES Part VII Investments - Other Securities.	CITY COLLEGE	FOUNDATION	95-6207819 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	31,548,293.	END-OF-YEAR MA	ARKET VALUE
(B)			
(C)			
(D)			
(E)			
(G)			
(H)	31,548,293.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	31,340,293.		
	on Form 000 Port IV line 1	1a Can Form 000 Part V lina	10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(5) 2551 14145	(c) manda ar randanam ar	
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	; 13.,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS			755,536.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

\ 	Dagan	ailiation	of Doyon	LIO DOF ALIG	itad Ein	anaial Stata	manta With	Dayanua nar	D
iedule D	<u>(F01111 990</u>) 2019	ЦОО	CHURDIN	CIII	СОППЕСЕ	LOONDAI	1011	

Fai	Complete if the expenience anguered "Vee" on Form 000. Part IV, line 12		nevellue per ne	turri.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total revenue, gains, and other support per audited financial statements			1	10,226,557.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				10,220,337.			
a	Net unrealized gains (losses) on investments	2a	7.211.749.					
b	Donated services and use of facilities	··· —	7,211,749. 75,766.	-				
C	Recoveries of prior year grants		, , , , , , , ,	-				
d		1 1	215,692.	-				
e e				2e	7,503,207.			
3	Add lines 2a through 2d Subtract line 2e from line 1			3	2,723,350.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2,723,330.			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
a			155,663.	-				
b	Other (Describe in Part XIII.)			40	155,663.			
C	Add lines 4a and 4b			4c 5	2,879,013.			
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F					
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Lapended per i	ictai				
_				1	2,882,672.			
1	Total expenses and losses per audited financial statements				2,002,072.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	75,766.					
a	Donated services and use of facilities		13,100.	-				
р	Prior year adjustments			-				
С.	Other losses		215,692.	-				
d	Other (Describe in Part XIII.)				201 450			
е	Add lines 2a through 2d			2e	291,458. 2,591,214.			
3	Subtract line 2e from line 1			3	2,591,214.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b		155 662	-				
b	Other (Describe in Part XIII.)	4b	155,663.		455 660			
С	Add lines 4a and 4b			4c	155,663.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,746,877.			
	t XIII Supplemental Information.							
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			; Part :	X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional infori	mation.					
D. 7. T	NT 17 T TATE 4							
PAI	RT V, LINE 4:							
THE	OBJECTIVE OF THE ENDOWMENT FUND IS TO RE	TAIN A	FUND OF PE	RPE	TUAL			
DUI	RATION. ALL THE EXPENDITURES ARE SUBJECT T	O BOAR	D APPROVAL					
PAI	RT X, LINE 2:							
THE	FOUNDATION HAS ADOPTED FINANCIAL ACCOUNT	ING ST	ANDARDS BOA	.RD	(FASB)			
<u>ACC</u>	COUNTING STANDARDS CODIFICATION (ASC) TOPI	C 740,	THAT CLARI	FIE	S THE			
<u>ACC</u>	COUNTING FOR UNCERTAINTY IN TAX POSITIONS	TAKEN	OR EXPECTED	TO	BE TAKEN			
<u>ON</u>	ON A TAX RETURN AND PROVIDES THAT THE TAX EFFECTS FROM UNCERTAIN TAX							
<u>P0</u>	SITION CAN BE RECOGNIZED IN THE FINANCIAL	STATEM	ENTS ONLY I	F,	BASED ON			
ITS	ITS MERITS, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT							

BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX POSITIONS

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

required to complete time pair	· · · · · · · · · · · · · · · · · · ·										
1 Indicate whether the organization rais	ed funds through any of the followin	a activ	rities.	Check all that apply.							
				overnment grants							
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events											
c Phone solicitations g Special fundraising events											
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or						
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fu	undraising services?	Yes	No					
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which t	he fundraiser is to be	.					
			9								
compensated at least \$5,000 by the	organization.										
		/:::\	5		(v) Amount paid						
(i) Name and address of individual	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(iii) fundi have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid					
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by)					
, (,		contrib	utions?		listed in col. (i)	organization					
		\/	L								
		Yes	No								
		1									
Total											
3 List all states in which the organizatio		ontrib	utions	or has been notified	it is exempt from re	nistration					
or licensing.	This registered of hearload to solicit to	0111110	ations	or has been notified	it is exempt from to	giotration					
or noorionig.											

95-6207819 Page 2 Schedule G (Form 990 or 990-EZ) 2019 LOS ANGELES CITY COLLEGE FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 644,735. 644,735. Gross receipts 429,043. 429,043. 2 Less: Contributions 215,692. 215,692. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 46,828. 46,828. 99,640. 99,640. 7 Food and beverages 8 Entertainment 69,224. 69,224. 9 Other direct expenses 215,692. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:							
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	□ No					

10a Were

9 Enter the state(s) in which the organization conducts gaming activities:

Sch	edule G (Form 990 or 990-EZ) 2019 LOS ANGELES CITY COLLEGE FOUNDATION 95-6	2078	319	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); a	t III. line	oc 0. C	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III IC		, 10b,

Schedule G	i (Form 990 or 990-EZ)	LOS	ANGELES	CITY	COLLEGE	FOUNDATION	95-6207819	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organization LOS ANGEL	ES CITY C	OLLEGE FOUN	DATION				Employer identification number $95-6207819$
Part I	General Information on Grants a	nd Assistance						
crite	es the organization maintain records for eria used to award the grants or assist cribe in Part IV the organization's pro-	stance?				-		
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domesti	c Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
1 (a) l	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
855 N VI	ELES CITY COLLEGE ERMONT AVE							SUPPORT THE EDUCATIONAL PROGRAMS OF LOS ANGELES
LOS ANGI	ELES, CA 90029	95-6207819	GOVERNMENTAL	576,736.	0.	ACTUAL AMOUNT		CITY COLLEGE
	er total number of section 501(c)(3) a	•	•	ne line 1 table				_

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	1441	470,611.	. 0.	ACTUAL AMOUNT	
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE QUALIFICATIONS TO RECEIVE THE	SCHOLARSH	IIP BY THE	QUALIFIED	STUDENTS ARE	
BASED ON THEIR ACADEMIC PERFORMAN	ICE. THESE	STUDENTS A	ARE REQUIRE	D TO SUBMIT	
THEIR STUDENT REPORTS FOR EVALUAT	'ION.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

LOS ANGELES CITY COLLEGE FOUNDATION

 $Employer\ identification\ number \\ 95-6207819$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
	(i)								
	ii)								
	(i)								
	ii)								
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization LOS ANGELES CITY COLLEGE FOUNDATION Employer identification number 95-6207819

Fai	LI	i ypes	of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	1	(d) Method of de cash contribu		_	S
1	Art -	Works of a	art			,						
2			treasures									
3			interests									
4			plications	Х			266.	FAIR	MARKET	VAI	JUE	
5			ousehold goods	X					MARKET			
6			vehicles									
7			nes									
8		llectual pro										
9		-	perty blicly traded									
10			sely held stock									
11			tnership, LLC, or									
••		t interests	•									
12			scellaneous									
13			ervation contribution -									
13		oric structu										
14			ervation contribution - Other									
15			esidential									
16			ommercial									
17			ther									
18												
19												
20			dical supplies									
21												
22			icts									
23			imens									
24			artifacts									
25			STUDENT PLANN)	Х	1	26	,000.	FAIR	MARKET	VAI	JUE	
26	Othe	•	MOUSEPADS/ GI	Х	1				MARKET			
27	Othe	er 🕨 (FOOD AND BEVE	Х	1	4	,500.	FAIR	MARKET	VAI	LUE	
28	Othe	er 🕨 (SOUND EQUIPME	Х	1	1	,783.	FAIR	MARKET	VAI	LUE	
29	Nun	nber of For	ms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for v	vhich the o	rganization completed Form 828	83, Part IV, [Donee Acknowledg	ement	29					
											Yes	No
30a	Duri	ng the year	r, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throu	gh 28, tha	t it			
	mus	t hold for a	at least three years from the date	of the initia	l contribution, and	which isn't require	ed to be u	sed for				
exempt purposes for the entire holding period?										30a		_X_
b	If "Y	'es," descri	be the arrangement in Part II.									
31	Doe	s the orgar	nization have a gift acceptance p	oolicy that re	olicy that requires the review of any nonstandard contributions?							X
32a	Doe	s the orgar	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	l noncash					
	conf	tributions?								32a		_X_
b	If "Y	'es," descri	be in Part II.									
33	If the	e organizat	ion didn't report an amount in c	olumn (c) foi	a type of property	for which column	(a) is che	cked,				
	desc	cribe in Par	t II									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LOS ANGELES CITY COLLEGE FOUNDATION

Employer identification number 95-6207819

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FACULTY OF LOS ANGELES CITY COLLEGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITY COLLEGE AND TO PROVIDE AID TO THE COLLEGE.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON ITS
BEHALF.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS THE 990 PRIOR TO BEING FILED. EXECUTIVE
COMMITTEE REVIEWS THE FILING AFTER OT HAS BEEN FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBER ARE REQUIRED TO COMPLETE DISCLOSURE STATEMENTS ANNUALLY. THE
STATEMENTS ARE MONITORED BY THE EXECUTIVE DIRECTOR. IF A CONFLICT ARISES
THE BOARD MEMBER IS ASKED TO EXCUSE HIMSELF OR HERSELF FROM ALL DISCUSSIONS
OR VOTING ON THE ISSUE.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION REQUIRES APPROVAL BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19:
LACCF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST EITHER IN PERSON

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sche	edule (O (Form 990 or 9	90-EZ) (2019)					Page	
		ne organization			CITY	COLLEGE	FOUNDATIO	N	Employer identification numbe 95-6207819	r
OR	IN	WRITING								
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LOS ANGELES C	LOS ANGELES CITY COLLEGE FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) Legal domicile (state or foreign country) College (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country)					
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33.				
Name, address, and EIN (if applicable)		Legal domicile (state or		1 ' '	ets Direct o	controlling
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990, Pa	art IV, line 34, beca	ause it had one or n	nore related tax-exe	mpt
(a)	(b)	(c)	(d)	(e)	(f)	(g)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	(g) on 512(b)(13) ontrolled entity?	
				501(c)(3))		Yes	No	
LOS ANGELES CITY COLLEGE - 95-6207819								
855 N VERMONT AVE								
LOS ANGELES, CA 90029	PUBLIC COLLEGE	CALIFORNIA	GOVERNMENTAL		N/A		Х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)			
Name, address, and EIN	Primary activity	Legal domicile Direct controlling	Direct controlling		rect controlling Predominant income Share	Share of total Share	Share of	Disproportionate				Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?	ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0			
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Schedule R (Form 990) 2019

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		Х	
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) 5 Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (b) (c) (d)							X	
j	Lease of facilities, equipment, or other assets to related organization(s)						X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X	
o Sharing of paid employees with related organization(s)								
					1 p		X	
q Reimbursement paid by related organization(s) for expenses							X	
					1r		X	
	<u> </u>				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	Transaction		(d) Method of determining amount inv	olved			
1)]	LOS ANGELES CITY COLLEGE	В	465,624.	ACTUAL AMOUNT				
2)								
3)								
4)								
5)								
6)								
3216	3 09-10-19			Schedule I	₹ (Forr	n 990)	2019	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040