Form	990
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### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending					
B	Check if applicab	e: C Name of organization		D Employer identific	cation number			
	Addre	LOS ANGELES CITY COLLEGE FOUNDATION						
Name Doing business as 95-6207819								
	Initial		Room/suite	E Telephone number				
	Final returr			(323)953				
	termi ated			<b>G</b> Gross receipts \$	14,298,420.			
	Amer returr	LOS ANGELES, CA 90029		H(a) Is this a group re	eturn			
	Appli tion	F Name and address of principal officer: DIDA C. MADITUA		for subordinates	? Yes X No			
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions			
	Webs			H(c) Group exemption				
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1968 N	State of legal domicile: CA			
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	EDUCATIONAL	J			
Governance		FACILITIES, PROVIDE SCHOLARSHIPS, AND RAI						
er né	2	Check this box if the organization discontinued its operations or dispos	ed of more					
Š	3				23			
		Number of independent voting members of the governing body (Part VI, line 1b)			23			
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0			
iviti	6	Total number of volunteers (estimate if necessary)		6	24			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		3,324,709.	4,032,686.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.				
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		983,331.	5,267,765.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		247,160.	417,855.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,555,200.	9,718,306.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		912,972.	1,079,821.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		914,792.	1,091,830.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 8,39		1 200 700	1 500 025			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,280,788. 3,108,552.	<u>1,588,835</u> 3,760,486.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,446,648.	5,957,820.			
	19	Revenue less expenses. Subtract line 18 from line 12		<u> </u>	5,957,020 • End of Year			
IS 0				49,893,096.				
Net Assets or	20	Total assets (Part X, line 16)		<u>49,893,096.</u> 258,808.	<u>41,421,918.</u> 90,737.			
et A	21	Total liabilities (Part X, line 26)		49,634,288.	41,331,181.			
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		47,034,400.	41,331,101.			
		-	and atatama	nto and to the best of my	knowledge and halief it is			
UIIQ	iei heu	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	into, and to the pest of my	Knowledge and bellet, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
-	LISA C. NASHUA, EXECUTIVE	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	CATHERINE L. GRAY, CPA	CATHERINE L. GR	RAY, C08/15,	/23 self-employed	P01294460		
Preparer	Firm's name EIDE BAILLY LLP			Firm's EIN 45-	0250958		
Use Only Firm's address 10681 FOOTHILL BLVD., STE. 300							
	RANCHO CUCAMONGA,	CA 91730-3831		Phone no. 909-	466-4410		
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions IX Yes No						
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) LOS ANGELES CITY COLLEGE FOUNDATION 95-6207819 Page	2
Par	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	]
1	Briefly describe the organization's mission: <u>TO PROMOTE, FOSTER, ENCOURAGE AND PROVIDE EDUCATIONAL AND RECREATIONAL</u> 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?	,
	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?	)
	If "Yes," describe these changes on Schedule O.	
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 \$ 597, 307. including grants of \$ 597, 307. ) (Revenue \$ )	)
	SCHOLARSHIPS- THE ORGANIZATION PROVIDED SCHOLARSHIPS TO QUALIFIED LACC	
	STUDENTS	
4b	(Code:) (Expenses \$2, 334, 381. including grants of \$482, 514. ) (Revenue \$	)
	DEPARTMENTS- THE ORGANIZATION PROVIDED FUNDING FOR ACADEMIC DEPARTMENTS	
	AT LACC AND STUDENT COMMUNITY INVOLVEMENT	_
		_
		_
		_
		_
		_
		—
		<u>,</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Rev	)
	LACC IN RELATION TO NEW EDUCATIONAL PROGRAMS FOR STUDENTS	—
	DACC IN REDATION TO NEW EDUCATIONAL PROGRAMS FOR STODENTS	—
		—
		—
		—
		—
		—
		-
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	—
÷υ		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses       2,931,688.	-
-ru		_

Form 990 (				-	COLLEGE	FOUNDATION
Part IV	Checklist of R	equire	d Schedules			

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u> </u>
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		<u> </u>
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 Rev. Proc. 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		<u> </u>
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	X	
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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>			X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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			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	Х	
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	Х	
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		x
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		Х
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		Х
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		Х
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 the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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 35a	- 23	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
U		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07		
00		38	Х	
Pa				1
	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 1a 86			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) LOS ANGELES CITY COLLEGE FOUNDATION 95-6207	819	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			U
			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	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 O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-		
11				
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1	-		
D				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	lou		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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### LOS ANGELES CITY COLLEGE FOUNDATION

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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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23	3		
	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 O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	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 ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	,			v	
	on Schedule O how this was done			12c	X	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		Х
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X v	
Ø	Other officers or key employees of the organization			15b	X	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont	ith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filedCA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(			-
	Own website Another's website X Upon request Other (explain	n on Sr	chedule Ο)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	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 boo	oks and	d records			
	THE ORGANIZATION - (323)953-4011					

90029

855 N VERMONT AVE, LOS ANGELES, CA

F

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizationo
(1) LISA NASHUA	40.00				-		4			
EXECUTIVE DIRECTOR		1		х				225,000.	Ο.	5,601.
(2) DAREN LYNNE	40.00									
DIR OF SPECIAL PROJECTS		1				X		122,000.	Ο.	11,333.
(3) ROBERT SCHWARTZ	6.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) MARVIN HOFFMAN	1.00									
IMMEDIATE PAST CHAIRMAN		Х		Х				0.	0.	0.
(5) C. EDWARD DILKES	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) ROBERT WINTERS	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) NICK HALARIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOAN DANGERFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MICHAEL G. MORGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANDREE E. MILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DEAN HANSELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) THEO KINGMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MIKE HARRIEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DAVID RYU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DANNY CHAN	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(16) MARGARET MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) ROBERT REEVES	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022) LOS ANGEL	ES CITY	C C	OL	LE	GE	C F	OU	JNDATION	95-6207	819	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	Est	timate	ed
	hours per					than o is both		compensation	compensation		ount	
	week					or/trus		from	from related		other	
	(list any	ctor						the	organizations	comp	pensa	ition
	hours for	r dire				eq		organization	(W-2/1099-MISC/	fro	om th	е
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	anizat	ion
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)		and	l relat	ed
	below	ndividual trustee or director	nstitutional trustee	cer	em pl	Highest compensated employee	Former			orga	nizati	ons
	line)	Indi	Inst	Officer	Key	Emple	Боп					
(18) JEFF ZARRINNAM	1.00											
BOARD MEMBER		Х						0.	0.			0.
(19) JESSICA I SHAHAM	1.00											
BOARD MEMBER		х						0.	0.			Ο.
(20) DJ MOORE	1.00											
BOARD MEMBER		х						0.	0.			0.
(21) ALEX SWART	1.00								0.			<u> </u>
	1.00	v						0	٥			0
BOARD MEMBER	1 0 0	Х						0.	0.			0.
(22) JOANNE HOFFMAN	1.00											•
BOARD MEMBER		Х						0.	0.			0.
(23) JERROD MCCLUNG	1.00											
BOARD MEMBER		Х						0.	0.			Ο.
(24) JULIE STROMBERG	1.00											
SECRETARY		Х		х				0.	0.			Ο.
(25) DAVID FORD	1.00											
BOARD MEMBER		х						0.	0.			0.
(26) LARA YERETSIAN	1.00											••
BOARD MEMBER	1.00	x						0.	٥			Δ
		Λ							0.	10	- 0	$\frac{0}{24}$
1b Subtotal								347,000.		1 10	<b>,</b> 9.	34.
c Total from continuation sheets to Part VII								0.	0.			0.
d Total (add lines 1b and 1c)			<u></u>	<u></u>				347,000.	0.	16	5,9	34.
2 Total number of individuals (including but no	t limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su										3		Х
4 For any individual listed on line 1a, is the sur												
and related organizations greater than \$150										4	x	
5 Did any person listed on line 1a receive or ad					-			•	iual for services	-		v
rendered to the organization? If "Yes." comp	olete Schedule	e J fo	or su	ich i	bers	ion .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest con										tion fro	m	
the organization. Report compensation for the	ne calendar ye	ear e	ndin	ıg w	rith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)		(C	;)	
Name and business a	address	NC	)NE	3				Description of se	ervices (	Comper	nsatio	n
							-					
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					(	-						

						C	ITY COLLI	EGE FOUNDAT	FION	95-6207	819 Page <b>9</b>
Pa	irτ '	VII					or noto to ony lin	a in this Dart VIII			
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
s s	1	la	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	5		Membership dues								
G U			Fundraising events				1,854.				
ar A			Related organizations								
s, o		е	Government grants (contr	ributi	ons) <b>1e</b>		791,367.				
r Si		f	All other contributions, gifts,	grant	s, and						
ibut			similar amounts not included	l abov	/e <b>1f</b>		3,239,465.				
d O	5	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$	6	243,455.				
о С		h	Total. Add lines 1a-1f					4,032,686.			
							Business Code				
ce	2	2 a									
ervi	2	b									
n S (ent		С									
grar Rev		d									
Program Service Revenue		e	All all a second and a second a								
			All other program service				_				
	3		Total. Add lines 2a-2f Investment income (include								
		,						668,239.			668,239.
	4	ı	Income from investment of					,			,
	5		Royalties		-	-					
				· · · · · · · · · · · · · · · · · · ·	(i) Real		(ii) Personal				
	6	6 a	Gross rents	6a							
			Less: rental expenses	6b							
		с		6c							
		d	Net rental income or (loss	s)							
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	9,026,0	)59.					
		b	Less: cost or other basis								
iue			and sales expenses	7b							
venue		С	Gain or (loss)	7c	4,599,7	76.	-250.				
, Be			Net gain or (loss)			······		4,599,526.			4599526.
Other	8	3 a	Gross income from fundraisi	•							
Ò			including \$								
			contributions reported on		,		<b>546 976</b>				
		Ŀ	Part IV, line 18			8a					
			Less: direct expenses Net income or (loss) from			8b		393,295.			393,295.
			Gross income from gamir								
	3	<i>7</i> a	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s of inventor	у					
s							Business Code				
e e	11	l a	MISCELLANEOUS				611710	24,560.	24,560.		
evenue:		b									
Miscellaneous Revenue		С									
Mis			All other revenue				L	DA 560			
			Total. Add lines 11a-11d					24,560. 9,718,306.	24,560.	0.	5661060.
	12	-	Total revenue. See instruction	6110				-,,10,000.	1 21,000.	J	2001000.

LOS ANGELES CITY COLLEGE FOUNDATION

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		experiece	general expenses	oxperioee
	and domestic governments. See Part IV, line 21	482,514.	482,514.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	597,307.	597,307.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	230,601.	115,301.	115,300.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	861,229.	528,879.	332,350.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
)	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	207,397.		207,397.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	190,798.	157,787.	33,011.	
2	Advertising and promotion				
3	Office expenses	16,778.	2,559.	14,219.	
4	Information technology	11,225.		11,225.	
5	Royalties				
6	Occupancy				
7	Travel	15,070.	11,465.	3,605.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,906.		4,906.	
3	Insurance	28,434.		28,434.	
1	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.)				
а	PROGRAM SUPPLIES	500,284.	500,284.		
b	GIFTS IN KIND	243,455.	243,455.		
с	STIPENDS AND TUITION	88,102.	88,102.		
d	MEALS AND ENTERTAINMENT	85,049.	78,927.	6,122.	
е	All other expenses	197,337.	125,108.	63,830.	8,399
5	Total functional expenses. Add lines 1 through 24e	3,760,486.	2,931,688.	820,399.	8,399
6	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)

LOS	ANGELES	CITY	COLLEGE	FOUNDATION
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95-6207819 Page 11

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,062,252.	1	3,287,818.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			308,111.	3	203,515.
	4	• • • • • •			173,982.	4	201,720.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		<i>'</i>		5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	103,156.			
	b	Less: accumulated depreciation		<u>103,156.</u> 91,905.	8,589.	10c	11,251.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			47,104,296.	12	37,460,164.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			235,866.	15	257,450.
	16	Total assets. Add lines 1 through 15 (must equa			49,893,096.	16	41,421,918.
	17	Accounts payable and accrued expenses			98,113.	17	90,737.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties	160,695.	24	
	25	Other liabilities (including federal income tax, pay	ables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			258,808.	26	90,737.
6		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.			1 051 000		0 044 885
alan	27			····· -	1,351,900. 48,282,388.	27	2,344,775. 38,986,406.
Ba	28	Net assets with donor restrictions			48,282,388.	28	38,986,406.
nnc		Organizations that do not follow FASB ASC 98	58, che	ck here			
чF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
t A	31	Retained earnings, endowment, accumulated inc			10 624 200	31	11 221 101
Ne	32	Total net assets or fund balances			49,634,288.	32	41,331,181.
	33	Total liabilities and net assets/fund balances			49,893,096.	33	41,421,918.

Form **990** (2022)

## Part X Balance Sheet

1

Form	990	(2022)
	000	

	1990 (2022) LOS ANGELES CITY COLLEGE FOUNDATION	95-	<u>6207</u>	819	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,718		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,76		
3	Revenue less expenses. Subtract line 2 from line 1	3		,95'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,634		
5	Net unrealized gains (losses) on investments	5	-14	,22	<u>6,6</u>	<u>11.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 34	<u>4,3</u>	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	41	, 333	<u>1,1</u>	81.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		
					Yes	No
1	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 on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2022)

SCHEDULE A	р.	ublic Chai	rity Status an	d Dub	lic Su	nnort		OMB No. 1545-0047
(Form 990)			ization is a section 501					2022
Department of the Treasury			l7(a)(1) nonexempt cha tach to Form 990 or Fo					Open to Public
Internal Revenue Service	Go		Form990 for instruction			ormation.		Inspection
Name of the organi	ation						Employer	identification number
			TY COLLEGE FO					5-6207819
			All organizations must c			ee instructior	S.	
Ē.	•		For lines 1 through 12, cl		,			
			n of churches described		n 170(b)(1	)(A)(i).		
			Attach Schedule E (Form			•		
·	•		nization described in se				VIII) Entor	the hearital's name
4 A medica	-	in operated in cor	ijunction with a hospital	described	III Sectio	A)(1)(d)(1)(A	)(III). Enter	the hospital's hame,
	-	e benefit of a coll	lege or university owned	or operate	ed by a do	vernmentalu	nit describe	ed in
	70(b)(1)(A)(iv). (Com		lege of aniversity owned	or operation	ca by a go	vonninentaru		
			ental unit described in	section 17	70(b)(1)(A)	(v).		
	<i>,</i> 0	0	ntial part of its support fr			. ,	ne general p	oublic described in
-	70(b)(1)(A)(vi). (Comp			5			5	
8 🗌 A commu	nity trust described in	n section 170(b)(	1)(A)(vi). (Complete Part	: II.)				
9 🗌 An agricu	ural research organiz	zation described i	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
or univers	ty or a non-land-gran	t college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
university								
10 An organ	ation that normally re	eceives (1) more t	than 33 1/3% of its supp	ort from co	ontributior	is, membersh	ip fees, and	gross receipts from
	-	· -	t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acquir	red by the org	janization a	fter June 30, 1975.
	on 509(a)(2). (Comple	-						
	-	-	vely to test for public saf	•				
-	-	-	vely for the benefit of, to	-			•	-
-			d in section 509(a)(1) o					meck the box on
	-		upervised, or controlled l				-	nivina
		-	ularly appoint or elect a	• • • •	-			
•	tion. You must com	,		, ,				
		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
control	r management of the	e supporting orga	nization vested in the sa	ame persor	ns that cor	ntrol or mana	ge the supp	orted
organiz	tion(s). <b>You must co</b>	omplete Part IV,	Sections A and C.					
c 🔄 Type II	functionally integrat	ted. A supporting	g organization operated i	in connect	tion with, a	nd functiona	ly integrate	d with,
	•	,	. You must complete F			-		
	-	• · ·	orting organization oper				•	
	, 0	0	ation generally must sati				an attentiv	eness
			nplete Part IV, Sections vritten determination from					
			nally integrated supportir			турет, туре	n, rype m	
	er of supported orga	nizationa	any integrated supportin		ation.			
	owing information ab							
(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	fmonetary	(vi) Amount of other
organiz	ion		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Total

# Schedule A (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION 95-6207819 Page 2 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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3805377.	2254625.	1469686.	3324709.	4032686.	14887083.
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	3805377.	2254625.	1469686.	3324709.	4032686.	14887083.
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)						
6	Public support. Subtract line 5 from line 4.						14887083.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
	Amounts from line 4	3805377.	2254625.	1469686.	3324709.	4032686.	14887083.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	527,695.	596,721.	571,714.	577,050.	668,239.	2941419.
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						
	assets (Explain in Part VI.)	5,840.	27,667.	30,575.	20,807.	24,560.	109,449.
11	<b>Total support.</b> Add lines 7 through 10	-					17937951.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	5,030.
	First 5 years. If the Form 990 is for th					 01(c)(3)	-
	organization, check this box and <b>stop</b>	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	82.99 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	81.80 %
	33 1/3% support test - 2022. If the o					ore, check this bo	k and
	stop here. The organization qualifies						37
b	33 1/3% support test - 2021. If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		•••••		
				.,,, or 176	,		· ·····

Schedule A (Form 990) 2022

(Complete only if you checked			organization failed	to qualify under P	art II. If the organiz	ation fails to
qualify under the tests listed be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
1 Gifts, grants, contributions, and	<b>x</b> <i>i</i>					
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						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14

	check this box and <b>stop here</b>						
Se	Section C. Computation of Public Support Percentage						
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%				
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%				
Se	ction D. Computation of Investment Income Percentage						
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%				
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%				
19a	33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not				
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organiza	tion					
k	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ions				

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# Schedule A (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

1

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### LOS ANGELES CITY COLLEGE FOUNDATION Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

1

		<u> </u>	
	_	Ye	es 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 on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		11c	
Sec	tion B. Type I Supporting Organizations		
		Ye	es No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		
		Ye	es No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 the supported organization(s).

Section D.	All Typ	e III Supp	orting Orga	nizations

			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 on line 2, above, 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		

#### Section 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.	Yes

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- 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.

2a

2b

3a

No

Sche	dule A (Form 990) 2022 LOS ANGELES CITY COLLEGE			95-6207819 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2022

instructions).

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)			
Sect	ion D - Distributions					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 <b>3</b>			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount	1	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022			
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
	Total of lines 3a through 3e					
f						
	Applied to underdistributions of prior years					
g	Applied to underdistributions of prior years Applied to 2022 distributable amount					
g						
g	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)					
g	Applied to 2022 distributable amount					

Current Year

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	LOS A	NGELES	CITY	COLLEG	E FOUNDA	ATION	95-6207819	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	nation. <sub>F</sub> 2, 3b, 3c, 4 lines 2 and	Provide the ex 4b, 4c, 5a, 6, 3; Part IV, Se	xplanation: 9a, 9b, 9c ction E, lin	s required by , 11a, 11b, ar nes 1c, 2a, 2b	Part II, line 10; nd 11c; Part IV, , 3a, and 3b; P	Part II, line 17a c , Section B, lines art V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,

#### 223451 11-15-22

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

	LOS ANGELES CITY COLLEGE FOUNDATION	95-6207819						
Organization type (ch	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)



Name of organization

LOS	AN	GELES	CITY	COLLEGE	FOUNDAT	ION
Dart		Contrib	utore (	an instructions)	Llas dunlisata	aaniaa of Dor

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$268,365.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$143,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>123,150.</u>	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$449,327.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$88,597.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>109,852.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2022
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Name of organization

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 160,695. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

Name of organization

LOS	ANGELES	CITY	COLLEGE	FOUNDATION
				/

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

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	USED EQUIPMENT FOR CINEMA DEPARTMENT		
		\$109,852.	02/24/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

			Page <b>4</b>			
Name of or	rganization		Employer identification number			
LOS AL	NGELES CITY COLLEGE FOU	NDATION	95-6207819			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	ions to organizations described in section through (e) and the following line entry. I charitable, etc., contributions of <b>\$1,000 or less</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ľ		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D	)
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90)

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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	LOS ANGELES CITY COL	LEGE FOUND	ATION	95-6207819
Par	t I Organizations Maintaining Donor Advised F	Funds or Other S	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	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 writ	ing that the assets h	eld in donor advised fu	nds
Ū	are the organization's property, subject to the organization's exc	•		
6	Did the organization inform all grantees, donors, and donor advis			
•	for charitable purposes and not for the benefit of the donor or do			
	impermissible private benefit?	,	, , ,	
Par				
1	Purpose(s) of conservation easements held by the organization (			,
-	Preservation of land for public use (for example, recreation		_	storically important land area
	Protection of natural habitat	Г. Г	_	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contrib	oution in the form of a c	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	<b>-</b> · · · · · · · · · ·			2b
с	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired after			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, releas			nization during the tax
	year			
4	Number of states where property subject to conservation easem	ent is located		
5	Does the organization have a written policy regarding the period	ic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it ho	lds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, a	nd enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and e	nforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above sa			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation e		-	
	balance sheet, and include, if applicable, the text of the footnote	e to the organization'	s financial statements t	hat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Ai	rt Historical Tre	asures or Other	Similar Assets
1 4	Complete if the organization answered "Yes" on Form 99			omilai Assets.
			vanue atotoment and by	alanaa ahaat waxka
Ia	If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for public	•		
		<i>,</i>	,	
h	service, provide in Part XIII the text of the footnote to its financia If the organization elected, as permitted under FASB ASC 958, t			co shoot works of
U	art, historical treasures, or other similar assets held for public exl			
		filbition, education, c		ce of public service,
	provide the following amounts relating to these items:			\$
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu		assets for financial dain	
2	the following amounts required to be reported under FASB ASC			, provide
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990. Part X			\$\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contraued)         3       Using the organization's acquisition, accussion, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>a</li> <li>Public exhibition</li> <li>b</li> <li>b</li> <li>collection items (check all that apply):</li></ul>	_		ELES CITY C			0:00:00	95-62			age <b>2</b>
collection lame (check all that apply): <ul> <li>Collection lame (check all that apply):</li> <li>Scholarly research</li> <li>Collection law exchange program</li> <li>Collection law exchange pro</li></ul>	Par	•						(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Schlarly research       e       Other	3	Using the organization's acquisition, accession	on, and other records,	check any of the f	ollowing that make	significant	use of its			
b       Scholary research       e       Other		collection items (check all that apply):								
c       Preservation for future generations         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to raise funds rather than to be maintained a part of the organization answered 'Yes' on Form 990, Part XII.         7       Previde a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 91, reported an amount on Form 990, Part X, line 21.         1a       Is the organization and agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete in the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Oheck here if the organization has been provided on Part XIII       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account liability?       Yes       No         b       If Yes,'' explain the arrangement in Part XIII. Oheck here if the organization has been provided on Part XIII       Image: Complete if the organization solutory and the organization answere' Yes' on Form 990, Part X, line 10.         1a       Beginning of yearb balance       (ab Current year       <	а	Public exhibition	d	Loan or exc	hange program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donalitons of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Beginning balance     C Beginning balance     Intermediary for contributions or other assets not included     on Form 990, Part X?     Distributions during the year     Intermediary for contributions or custodial account liability?     Ves     No     b If "Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization include an endown on Form 990, Part X, line 21, for escrow or custodial account liability?     Part W Endowment Funds. Complete if the organization include on Part XIII     Additions during the year     intermet Funds. Complete if the organization include on Part XIII     Part W Endowment Funds. Complete if the organization include on Part XIII     Additions during the year dup Part X, line 21, 10 year (D) Part X, line 10.     Part W Endowment Funds. Complete if the organization include on Part XIII     Additions during the year dup Part X, line 21, 10 year (D) Part Y, line 10.     Additions during the part part XIII. Check here if the explanation has been provided on Part XIII     Part X Endowment Funds.     Additions during the part XIII. Check here if the organization and year load on Yai	b	Scholarly research	е	Other						
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds rather than to be maintained as part of the organization solicitor?       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, trustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X rustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X, trustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X X         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Id         d       Additions during the year       Id         e       Ending balance       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       Mo         b       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       No         fa       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back (e) four years back       (e) four years back         d       Grants or scholarships       235, 745, 13, 513, 714, 37, 719, 30, 270, 083, 20, 217, 599, 18, 303, 645, 508, 207, 8, 9, 918, 977, 19, 93, 2710, 083, 20, 217, 599, 18, 19, 303, 645, 508, 207, 18, 937, 719, 30, 217, 92, 9	с	Preservation for future generations								
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds rather than to be maintained as part of the organization solicitor?       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, trustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X rustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X, trustee, subclain or other intermediary for contributions or other assets not included on Form 990, Part X X         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Id         d       Additions during the year       Id         e       Ending balance       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       Mo         b       If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       No         fa       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back (e) four years back       (e) four years back         d       Grants or scholarships       235, 745, 13, 513, 714, 37, 719, 30, 270, 083, 20, 217, 599, 18, 303, 645, 508, 207, 8, 9, 918, 977, 19, 93, 2710, 083, 20, 217, 599, 18, 19, 303, 645, 508, 207, 18, 937, 719, 30, 217, 92, 9	4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.		
tobe rold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answared 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Intervention of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Intervention of the vertice of the explanation has been provided on Part XII           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Intervention 10.           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Intervention 10.           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         Intervention 10.           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Intervention 10.           Part V         Endowment funds.         Endowment funds.         Endowment 10.         Intervention 10.	5									
Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21.       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intervent in Part XIII and complete the following table:       Image: Complete intervent inte								Yes		No
reported an amount on Form 990, Part X, line 21.           1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         No           b         If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         Image: Complete the following table:         Amount           d         Additions during the year         Image: Complete the following table:         Image: Complete the following table:           Part V         Endorg balance         Image: Complete the following table:         Image: Complete the following table:         Image: Complete the following table:           Part V         Endowment Funds:         Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If 'Yes,' evaliant the arrangement in Part XIII:         Check here if the erganization answered 'Yes' on Form 990, Part IV, line 10.         Image: Complete the following table:         Image: Complete the following table:           C         Order ware ablance         46, 463, 295, 37, 539, 719, 30, 270, 083, 20, 217, 599, 18, 953, 645, 453, 251, 746, 1331, 746, 531, 749, 822, 518, 567, 1, 9133, 953, c Ke, 1, 345, 371, 1, 347, 145, 428, 863, 511, 785, 1, 464, 653, 295, 37, 539, 719, 30, 148, 129, 20, 217, 599, 20, 715, 503, 46, 463, 295, 37, 539, 719, 30, 148, 129, 20, 217, 599, 20, 217, 599, 20, 715, 503, 46, 463, 295, 37, 53	Par							ine 9. or		
on Form 990, Part X2         Yes         No           b         If 'Yes,' explain the arrangement in Part XII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           d         Additions during the year         1d           d         Distributions during the year         1d           d         Distributions during the year         1d           d         Distributions during the year         1d           d         Editions during the year         1d           d         Beginning of year balance         (e) Ourner year (D) Prover (C) Our years back (e) Four years back (fast yeas) (ast years back (e) Four years back (e) Four years				U			, ,	,		
on Form 990, Part X2         Yes         No           b         If 'Yes,' explain the arrangement in Part XII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           d         Additions during the year         1d           d         Distributions during the year         1d           d         Distributions during the year         1d           d         Distributions during the year         1d           d         Editions during the year         1d           d         Beginning of year balance         (e) Ourner year (D) Prover (C) Our years back (e) Four years back (fast yeas) (ast years back (e) Four years back (e) Four years	<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermedia	rv for contributions	s or other assets not	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:								Yes		No
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       46, 463, 295, 37, 539, 719, 30, 270, 083, 20, 217, 599, 18, 303, 546, 500, 71, 9, 923, 748, 133, 953, 746, 1, 345, 771, 1, 347, 145, 428, 863, 511, 785, 1, 933, 943, 943, 943, 943, 943, 943, 943	b						····· <u> </u>			]
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         f       Ending balance       1f         2a       Distributions during the year       1f         2a       Distributions during the year       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes         b       If 'Yes' explain the arrongement in Part XII. Check here if the explanation has been provided on Part XII       Part V         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       10, 20, 217, 599, 13, 30, 270, 083, 20, 217, 599, 13, 30, 270, 083, 20, 217, 599, 13, 303, 2646, 255, 786, 1, 351, 746, 749, 822, 518, 567, 1, 913, 953, e18, 30, 270, 083, 20, 217, 591, 20, 20, 217, 591, 20, 217, 591, 20, 20, 217, 591, 20, 217, 591, 20, 20, 217, 591, 20, 217,				in ig table.				Amount		
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back       (e) Four years       (f) There years back       (e) Four years       (e) Four years       (e) Four years       (f) Four y	~	Reginning balance				10				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a       Beginning of year balance       46, 463, 295, 37, 539, 719, 30, 270, 083, 20, 217, 599, 18, 303, 646, 295, 786, 1, 913, 953, esc.       1, 366, 92, 07, 69, 486, 677, 9, 923, 748, esc.       1, 345, 371, 1, 347, 145, 428, 863, 511, 785, esc.       1, 46, 63, 295, 37, 539, 719, 30, 148, 129, 20, 217, 599, 20, 217, 599, 20, 748, esc.       20, 217, 599, 20, 748, esc.         d       Grants or scholarships       1, 345, 371, 1, 347, 145, 428, 863, 511, 785, esc.       1, 345, 371, 1, 347, 145, 428, 863, 511, 785, esc.       20, 217, 599, 20, 217,										
f Ending balance										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Comparison of the explanation answered "Yes" on Form 990, Part K, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Time years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Time years back       (e) Four years back         1a       Beginning of year balance       25, 786, 1, 351, 746, 749, 822, 518, 567, 1, 913, 393, 646, 202, 17, 599, 18, 303, 646, 202, 17, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 20, 20, 217, 599, 20, 748, 2	ۍ ۲									
b. If 'Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 300, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         1b Contributions       295,786.       1,351,746.       749,822.       518,567.       1,913,953.         c Net investment earnings, gains, and losses       -8,698,207.       8,918,975.       6,948,677.       9,923,748.	20							Vec		
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         (b) Corntributions         20, 217, 599, 18, 303, 646.           b         Contributions         295, 786.         1, 351, 746.         749, 822.         518, 567.         1, 913, 953.           c         Net investment earnings, gains, and losses         -8, 698, 207.         8, 918, 975.         6, 948, 677.         9, 923, 748.           e         Other expenditures for facilities         1, 345, 371.         1, 347, 145.         428, 863.         511, 785.           and programs         1, 345, 371.         1, 347, 145.         428, 863.         511, 785.            g         End of year balance         36, 715, 503.         46, 463, 295.         37, 539, 719.         30, 148, 129.         20, 217, 599.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a         Board designated or quasi-endowment		-				• • • • •				
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back         (four year		<b>t V</b> Endowment Funds. Complete it	f the organization and	wered "Ves" on Fo	rm 990 Part IV line	10				
1a       Beginning of year balance       46,463,295.       37,539,719.       30,270,083.       20,217,599.       18,303,646.         b       Contributions       295,786.       1,351,746.       749,822.       518,567.       1,913,953.         c       Net investment earnings, gains, and losses       -8,698,207.       8,918,975.       6,948,677.       9,923,748.         d       Grants or scholarships       -       -       -       6,948,677.       9,923,748.         d       Grants or scholarships       -       -       8,918,975.       6,948,677.       9,923,748.         e       Other expenditures for facilities       - <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>vears hack</th><th>(a) Four</th><th>vears</th><th>hack</th></td<>							vears hack	(a) Four	vears	hack
b Contributions       295,786.       1,351,746.       749,822.       518,567.       1,913,953.         c Net investment earnings, gains, and losses       -8,698,207.       8,918,975.       6,948,677.       9,923,748.         d Grants or scholarships	1-	Designing of year balance			., ,					
c       Net investment earnings, gains, and losses       -8, 698, 207.       8, 918, 975.       6, 948, 677.       9, 923, 748.         d       Grants or scholarships       -<										
d Grants or scholarships								±,	<sup>913</sup> ,	955.
e       Other expenditures for facilities and programs       1,345,371.       1,347,145.       428,863.       511,785.         f       Administrative expenses       36,715,503.       46,463,295.       37,539,719.       30,148,129.       20,217,599.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       .4000       %         b       Permanent endowment       .99.6000       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations by:       (i)       Unrelated organizations       3a(ii) X         iii       Related organizations       3a(ii) X       3a(iii) X       3a(iii) X         b       fr*fves" on line 3a(i), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a       Land       issis (investment)       basis (other)       (c) Accumulated depreciation         1a       Land		<b>3 1 3 1</b>	-0,090,207.	0,910,975.	0,940,077.	<sup>,</sup>	923,140.			
and programs       1,345,371.       1,347,145.       428,863.       511,785.         f       Administrative expenses       36,715,503.       46,463,295.       37,539,719.       30,148,129.       20,217,599.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a       a         a       Board designated or quasi-endowment       . <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>										
f       Administrative expenses       36,715,503.       46,463,295.       37,539,719.       30,148,129.       20,217,599.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       .4000       %         b       Permanent endowment       .99.6000       %       %         c       Term endowment       .99.6000       %         c       Term endowment       .90.000       %         c       Term endowment funds not in the possession of the organization that are held and administered for the organizations	е	Other expenditures for facilities	4 9 4 5 9 5 4							
g End of year balance       36,715,503, 46,463,295, 37,539,719, 30,148,129, 20,217,599.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment			1,345,371.	1,347,145.	428,863.		511,785.			
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment	g					30,	148,129.	20,	217,	599.
b       Permanent endowment       99.6000       %         c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations (sendowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(ii) Cost or ther</li></ul>				(line 1g, column (a)	) held as:					
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) ad(i), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.     (b) Cost or other     (c) Accumulated     (d) Book value           Description of property         (a) Cost or other         (b) Cost or other         (c) Accumulated         (d) Book value           1a         Land         Image: Sinther stresses         <			.4000	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (c) Accumulated depreciation  (c) Accumulated depreciation  (c) Accumulated depreciation  (c) Accumulated depreciation  (c) Leasehold improvements  (c) Leasehold improvements  (c) Cost or other (c) Accumulated depreciation  (c) Accumulate	b	Permanent endowment 99.6000	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cher</li> <li>(f) Book</li> <li>(g) Cost or other form</li> <li>(g) Cost or other form</li> <li>(g) Cost or other form</li> <li>(</li></ul>	С	Term endowment	%							
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Person line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Person       3b       4         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b       Buildings		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
(i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings	3a	Are there endowment funds not in the posses	ssion of the organizat	on that are held ar	nd administered for t	he		-		
(i)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       1a       Land       1a		organization by:								No
(ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings		(i) Unrelated organizations						3a(i)	Х	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(ii) Related organizations						3a(ii)		Х
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       (d) Book value       (e) Book value       (f) Book value         b       Buildings       (f) Book value       (f) Book value         c       Leasehold improvements       (f) Book value       (f) Book value         d       Equipment       (f) Book value       (f) Book value         e       Other       (f) Book value       (f) Book value	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par	t VI Land, Buildings, and Equipm	ent.							
Image: transmission of transm		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
1a Land		Description of property		• •				(d) Bool	valu	e
b Buildings			· · · · · · · · · · · · · · · · · · ·	ent) basis	(otner) de	epreciatio	ר ר			
c Leasehold improvements										
d Equipment         103,156.         91,905.         11,251.										
e Other	С	Leasehold improvements								
	d	Equipment								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е	Other		10	3,156.	91,9	05.			
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. column (B), line 1	0c.)			11	L,2	51.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LOS ANGELES	CITY COLLEGE	FOUNDATION	95-6207819 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) INVESTMENTS	37,460,164.	END-OF-YEAR M	
(B)	57,400,104.		ARREI VALUE
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	37,460,164.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(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"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line	9 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line -	11e or 11f See Form 990 Part	X line 25
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		

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

Sche			6207819 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•
1	Total revenue, gains, and other support per audited financial statements	1	-4,324,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 272,092.		
с	Recoveries of prior year grants 2c		
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	-13,835,254.
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,510,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 207, 397.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	207,397.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,718,306.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,978,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 272,092.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 153,581.		
е	Add lines <b>2a</b> through <b>2d</b>	2e	425,673.
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,553,089.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 207, 397.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	207,397.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,760,486.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE OBJECTIVE OF THE ENDOWMENT FUND IS TO RETAIN A FUND OF PERPETUAL
DURATION. ALL THE EXPENDITURES ARE SUBJECT TO BOARD APPROVAL. THE
FOUNDATION'S ENDOWMENT (THE ENDOWMENT) CONSISTS OF APPROXIMATELY 160
INDIVIDUAL FUNDS ESTABLISHED BY DONORS TO PROVIDE ANNUAL FUNDING FOR
SPECIFIC ACTIVITIES AND GENERAL OPERATIONS. THE ENDOWMENT ALSO INCLUDES
CERTAIN NET ASSETS WITHOUT DONOR RESTRICTIONS THAT HAVE BEEN DESIGNATED
FOR ENDOWMENT BY THE BOARD OF DIRECTORS.

PART X, LINE 2:

#### THE FOUNDATION HAS ADOPTED FASB ASC TOPIC 740 THAT CLARIFIES THE

#### ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN

Schedule D (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION 95-6207819 Page 5
Part XIII Supplemental Information (continued)
ON A TAX RETURN AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX
POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF, BASED ON
ITS MERITS, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT
BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX POSITIONS
TAKEN TO DATE ARE HIGHLY CERTAIN AND, ACCORDINGLY, NO ACCOUNTING
ADJUSTMENT HAS BEEN MADE TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

153,581.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

153,581.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19, o	or if the	2022
Department of the Treasury		Attach to Form 990 o	or Forr	n 990	·EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information	n.		Inspection
Name of the organization								dentification number
		ELES CITY COLLEGE					95-620	
Part I Fundrais required to	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	vities. (	Check all that apply.			
a 🔄 Mail solicitat				•	overnment grants			
	email solicitations				nment grants			
c Phone solici		g 🛄 Special	fundra	aising	events			
		r oral agreement with any individual	(incluc	lina of	ficers, directors, trus	tees.	or	
U U		art VII) or entity in connection with p	•	Ũ		,		es No
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fun	draiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v) /	Amount paid	
(i) Name and address of individual (ii) Activity				Did aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser		
or entity (fund	draiser)		or cor	ntrol of utions?	from activity	listed in col. (i)		organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from	registration

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

LOS ANGELES CITY COLLEGE FOUNDATION

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Part II 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.

		<b>(a)</b> Event #1	EZ, lines 1 and 6b. List (b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA 2022 (event type)	(event type)	(total number)	- col. (c))
en		(event type)	(event type)	(total humber)	
Revenue	Gross receipts	548,730.			548,730.
2	2 Less: Contributions	1,854.			1,854.
3	Gross income (line 1 minus line 2)	546,876.			546,876.
4	Cash prizes				
5	5 Noncash prizes				
	B Rent/facility costs	19,622.			19,622.
0 6	7 Food and beverages	34,947.			34,947.
8		99,012.			99,012.
10					153,581.
	, , ,				393,295.
1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	3 Noncash prizes				
	Rent/facility costs				
	5 Other direct expenses				
6	S Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7	7 Direct expense summary. Add lines 2 through	5 in column (d)			
8	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
<b>a</b> Is	inter the state(s) in which the organization condu s the organization licensed to conduct gaming ac "No," explain:	tivities in each of these s	states?		
_					
	Vere any of the organization's gaming licenses re "Yes," explain:				Yes No
_	· · · · · · · · · · · · · · · · · · ·				
_					

Scł	nedule G (Form 990) 2022	LOS	ANGELES	CITY	COLLEGE	FOUNDATION	95-6	207819	Page 3
11	Does the organization conduct ga	aming act	tivities with non	members?				Yes	No
12	Is the organization a grantor, ben	eficiary o	r trustee of a tru	ust, or a me	ember of a partr	nership or other entity forme	ed		
	to administer charitable gaming?							Yes	No
	Indicate the percentage of gamin								
	a The organization's facility							13a	%
	<b>b</b> An outside facility							13b	%
14	Enter the name and address of th	e person	who prepares t	the organiz	ation's gaming/	special events books and r	ecords:		
	Nome								
	Name								
	Address								
15	a Does the organization have a con	tract with	n a third party fr	om whom	the organizatior	n receives gaming revenue?		Yes	🗌 No
I	o If "Yes," enter the amount of gam	ing rever	nue received by	the organi	zation \$ _	and th	e amount		
	of gaming revenue retained by the			-					
(	c If "Yes," enter name and address	of the th							
	Name								
	Address								
40									
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	En En	nployee		Independent co	ntractor			
4-									
	Mandatory distributions:	r atata la	uto moleo obori	tabla diatri	butions from the	a anning proceeds to			
•	a Is the organization required under retain the state gaming license?					0 01		Yes	🗌 No
	D Enter the amount of distributions					exempt organizations or sr			
	organization's own exempt activit	•		\$		exempt organizations of op			
Pa					s required by Pa	art I, line 2b, columns (iii) an	id (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as								
_									

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

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations,		OMB No	. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		20	)22
Department of the Treasury		•••••		Attach to Form		,		Open	to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.			ection
Name of the organization	on							Employer identification	
			OLLEGE FOUN	DATION				95-62	207819
	formation on Grants a								
-	ation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		<u> </u>
	ward the grants or assis							X Yes	No No
	IV the organization's pro d Other Assistance to I					anization answord "V	oc" on Form 000 Part	t IV line 21 for any	
	at received more than \$					anization answered i	es on Form 550, Fait		
( )	dress of organization rernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar	
LOS ANGELES CITY C 855 N VERMONT AVE LOS ANGELES, CA 90		95-6207819	GOVERNMENTAL	482,514.	0.	ACTUAL AMOUNT		SUPPORT THE EDUC PROGRAMS OF LOS CITY COLLEGE	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

#### Schedule I (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION

95-6207819

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	892	597,307.	0.	ACTUAL AMOUNT	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE QUALIFICATIONS TO RECEIVE THE SCHOLARSHIP BY THE QUALIFIED STUDENTS ARE

BASED ON THEIR MATCH WITH CRITERIA. STUDENTS ARE REQUIRED TO SUBMIT AN

APPLICATION AND THEIR STUDENT REPORTS FOR EVALUATION. PROVIDES GRANTS TO

LOS ANGELES CITY COLLEGE FOR EDUCATIONAL PROGRAM SUPPORT.

SCH	<b>IEDULE J</b>	Compensation Information	I	OMB No. 1	545-004	47	
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>_</b> _	•	
Depart	ment of the Treasury	Attach to Form 990.		Open to			
Interna	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer in			nber	
De		LOS ANGELES CITY COLLEGE FOUNDATION	95-6	20781	9		
Pa		s Regarding Compensation				<b>.</b>	
4			000		Yes	No	
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee					
Discretionary spending account Personal services (such as maid, chauffeur, chef)							
h	If any of the boyes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
		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 ar	ny, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati					
establish compensation of the CEO/Executive Director, but explain in Part III.							
Compensation committee Written employment contract							
	·	ompensation consultant Compensation survey or study					
	X Form 990 of o		ommittee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	es 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	evenues of:					
						X	
		ation?		5b		X	
		r 5b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
contingent on the net earnings of:  a The organization?  6a							
	a The organization?						
<b>b</b> Any related organization?							
		r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v	
		es 5 and 6? If "Yes," describe in Part III		7		X	
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							
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Pegulations section 53.4958-6(c)?     9						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022	

#### 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>B)</b> Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA NASHUA	(i)	225,000.	0.	0.	3,938.	1,663.	230,601.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### 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 J (Form 990) 2022

## **Noncash Contributions**

OMB No. 1545-0047

ſ

Employer identification number

95-6207819

ZU

Complete	if the organizations	answered '	"Yes" o	on Form S	990, Part IV,	lines 29	or 30.
		Attach to	Form	000			

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

2

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

#### LOS ANGELES CITY COLLEGE FOUNDATION

Pa	t I Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reporte Form 990, Part VIII,	d on		(d) Method of de cash contribu	etermin	•	s
4	Art - Works of art	x	1			FATR	MARKE	VAT.I	TE	
1 2			<u>+</u>	13,	000.		MARINE	V ALL		
	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (CINEMA EQUIPMEN)	X	1	109,	852.	FAIR	MARKET	VA	LUE	
26	Other (MUSICAL INSTRUM)	X	1				MARKET			
27	Other ( )			- ,					-	
28	Other ( )									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions						
	for which the organization completed Form 823				29					
		, .							Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part L lines	1 throug	h 28 tha	t it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?							30a		x
h	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •								
31	Does the organization have a gift acceptance p	policy that re	auires the review (	of any nonstandard o	ontribut	ions?		31		x
	Does the organization hire or use third parties									
Jža	-		-					32a		x
h	contributions? If "Yes," describe in Part II.							02a		
33	If the organization didn't report an amount in c	olump (c) for	r a type of proport	for which column (a	) is chor	kod				
00	describe in Part II.					neu,				
										1

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

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

#### THE NUMBER REPRESENTS THE NUMBER OF DONORS.

SCHEDULE O (Form 990)

#### Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



95-6207819

LOS ANGELES CITY COLLEGE FOUNDATION

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 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 OR IN WRITING.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE

SCH	<b>IEDULE</b> R
	1

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 95-6207819

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

Name of the organization

#### LOS ANGELES CITY COLLEGE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				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.

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION

95-6207819 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		or adoly		400010		Yes	No

#### Schedule R (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION

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

<pre>x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s) m related organization(s)</pre>	<u>1b</u> <u>1c</u> <u>1d</u>	X	X X
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	v
r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	1c 1d		v
n guarantees to or for related organization(s) n guarantees by related organization(s)	1d		Δ
n guarantees by related organization(s)			Х
m related organization(s)			Х
m related organization(s)			
	1f		Х
s to related organization(s)			Х
assets from related organization(s)			Х
assets with related organization(s)			Х
lities, equipment, or other assets to related organization(s)			Х
lities, equipment, or other assets from related organization(s)	1k		Х
of services or membership or fundraising solicitations for related organization(s)			Х
of services or membership or fundraising solicitations by related organization(s)			Х
cilities, equipment, mailing lists, or other assets with related organization(s)			Х
aid employees with related organization(s)			Х
ent paid to related organization(s) for expenses	1p		Х
ent paid by related organization(s) for expenses	1q		Х
r of cash or property to related organization(s)	1r		Х
a or outer or property to relation organization of	1s		Х
16	er of cash or property to related organization(s)	nent paid by related organization(s) for expenses       1q         er of cash or property to related organization(s)       1r	Iq         er of cash or property to related organization(s)

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
(5)				
(6)				

#### Schedule R (Form 990) 2022 LOS ANGELES CITY COLLEGE FOUNDATION

#### 95-6207819 Page 4

#### 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.

	5 5	Г										
(a)	(b)	(c)	(d)	(e) Are a	)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	sec.	Share of	Share of	Disp	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(C) orgs.	(3)	total	end-of-year	alloca	tions?	amount in box 20	partner	ownership
		country)	sections 512-514)	Yes I		income	assets		No	(Form 1065)		7
		-		1651				103		(* = * * * = = = )	165 14	<b></b>
												<b></b>
				$ \vdash $								
									1			

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 LOS Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.