

GREEN HASSON & JANKS LLP
10990 WILSHIRE BLVD., 16TH FLOOR
LOS ANGELES, CA 90024-3929

LA'S PROMISE
202 W. 1ST STREET, , NO. 4-0160
LOS ANGELES, CA 90012

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CLIENT'S COPY

Green Hasson Janks

10990 Wilshire Boulevard
16th Floor
Los Angeles, CA 90024

310.873.1600 T
310.873.6600 F
www.greenhassonjanks.com

January 12, 2015

LA's Promise
202 W. 1st Street, No. 4-0160
Los Angeles, CA 90012
Attention: Veronica Melvin

Dear Veronica,

Enclosed is the organization's 2013 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by February 17, 2015.

CALIFORNIA FORM 199 RETURN:

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1 RETURN:

Please sign and mail Form RRF-1 on or before February 17, 2015.

Mail to - Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the

report year and the organization's state charity registration number and/or organization number on the remittance.

CALIFORNIA FORM CT-694

Please sign and mail Form CT-694 on or before February 17, 2015.

Mail to - Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

No payment is required.

An electronic copy of your federal and state returns will be emailed to you. We suggest that you retain this indefinitely.

Sincerely,

Richard L. Ruvelson
Principal

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... June 30, 2014

Prepared for	LA's Promise 202 W. 1st Street, No. 4-0160 Los Angeles, CA 90012
Prepared by	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by February 17, 2015.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

LA'S PROMISE

20-4562686

Name and title of officer

**VERONICA MELVIN
PRESIDENT/CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,903,528.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GREEN HASSON & JANKS LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95425711111
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LA'S PROMISE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 202 W. 1ST STREET, 4-0160 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90012 F Name and address of principal officer: VERONICA MELVIN SAME AS C ABOVE	D Employer identification number 20-4562686 E Telephone number (213) 745-4928 G Gross receipts \$ 2,960,123. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LASPROMISE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005 M State of legal domicile: CA

Part I Summary

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LA'S PROMISE IS RADICALLY IMPROVING THE EDUCATION, HEALTH & SOCIAL OUTCOMES FOR THOUSANDS OF 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 74 6 Total number of volunteers (estimate if necessary) 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	3,052,132.	2,906,316.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,035.	-2,788.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,069,172.	2,903,528.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,912,495.	1,475,152.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 286,480.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,516,644.	1,211,171.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,429,139.	2,686,323.
	19 Revenue less expenses. Subtract line 18 from line 12	-359,967.	217,205.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	575,302.	826,617.
	21 Total liabilities (Part X, line 26)	184,946.	219,056.
	22 Net assets or fund balances. Subtract line 21 from line 20	390,356.	607,561.

Part II Signature Block

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

Sign Here	Signature of officer VERONICA MELVIN, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RICHARD L. RUVELSON	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00234075
	Firm's name ▶ GREEN HASSON & JANKS LLP Firm's address ▶ 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929	Firm's EIN ▶ 95-1777440 Phone no. (310) 873-1600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LA'S PROMISE IS RADICALLY IMPROVING THE EDUCATION, HEALTH & SOCIAL OUTCOMES FOR THOUSANDS OF YOUTH IN ONE SOUTH LOS ANGELES COMMUNITY- LA'S PROMISE NEIGHBORHOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 574,538. including grants of \$) (Revenue \$)

INNOVATIVE EDUCATION: LA'S PROMISE SCHOOLS ARE KNOWN FOR THEIR HALLMARK ACADEMIC PROGRAMS AND CUTTING-EDGE LESSON DESIGN. LA'S PROMISE CONNECTS STUDENTS AND TEACHERS WITH THE BEST RESOURCES AVAILABLE TO TRANSFORM THE PUBLIC SCHOOL CLASSROOM INTO A PLACE OF EXCITEMENT AND INSPIRATION. IN KEEPING WITH STATE-OF-THE ART, RESEARCH-BASED EDUCATIONAL METHODS, LA'S PROMISE IS IMPLEMENTING BLENDED LEARNING AND LINKED LEARNING ACROSS ITS CAMPUSES EXEMPLIFIED IN ORGANIZING SMALL LEARNING ACADEMIES (CURRICULA AND RESOURCES) AROUND SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATHEMATICS (STEAM) CAREER-THEMED EDUCATIONAL TRACKS. BLENDED LEARNING MIXES DIFFERENT LEARNING MODALITIES WITHIN EACH CURRICULUM, COMBINING TRADITIONAL FACE-TO-FACE CLASSROOM METHODS WITH

4b (Code:) (Expenses \$ 380,295. including grants of \$) (Revenue \$)

PROMISE PARENTS: LA'S PROMISE BELIEVES THAT PARENTS, FAMILIES, GUARDIANS, AND OTHER SCHOOL STAKEHOLDERS ARE KEY PARTNERS IN ACHIEVING A SCHOOL'S VISION AND, THROUGH THE SCHOOL, A COMMUNITY'S VISION. BECAUSE OF THE IMPORTANCE OF PARENT ENGAGEMENT IN OUR STUDENT SUCCESS, LA'S PROMISE STAFFS EVERY SCHOOL WITH A FULL TIME ASSOCIATE DIRECTOR OF PARENT ENGAGEMENT. THIS POSITION WORKS CLOSELY WITH PARENT VOLUNTEERS TO RUN PROMISE PARENTS, A FULL PROGRAM OF PARENT-FOCUSED OFFERINGS. WITH ONGOING PARENT EDUCATION COURSES, VOLUNTEER AND LEADERSHIP OPPORTUNITIES, AND CONSISTENT AND ONGOING PARENT COMMUNICATION, LA'S PROMISE WORKS WITH PARENTS TO OVERCOME BARRIERS TO SCHOOL INVOLVEMENT AND TO MAKE SURE ALL PARENTS ARE AWARE OF THEIR CHILD'S EDUCATION EACH

4c (Code:) (Expenses \$ 331,079. including grants of \$) (Revenue \$)

HEALTH & WELLNESS: LA'S PROMISE BELIEVES THAT AN EFFECTIVE EDUCATION MEANS PAYING ATTENTION TO THE FULL SPECTRUM OF A CHILD'S DEVELOPMENT. WITH COMMUNITY HEALTH AS A MAIN FOCUS, LA'S PROMISE HEALTH AND WELLNESS PROGRAM EMPOWERS STUDENTS TO EVALUATE THEIR CURRENT LIFESTYLE HABITS AND TO MAKE MORE INFORMED CHOICES. OUR PARTNERS BRING ACCESS TO HEALTH, FITNESS, AND LIFESTYLE EDUCATION AND TRAINING AND HAVE DEVELOPED THREE PRIMARY ACTIVITIES THAT ENSURE ACCESS TO FUNDAMENTAL HEALTH SERVICES FOR EVERY STUDENT AT AN LA'S PROMISE SCHOOL: (I) UNIVERSAL HEALTH SCREENINGS; (II) RESTRUCTURING AND SUPPLEMENTING HEALTH, PE COURSES, AND ACTIVITIES RELATED TO NUTRITION; AND (III) UTILIZING AN ADVISORY PROGRAM TO TRIAGE STUDENT HEALTH NEEDS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 815,341. including grants of \$) (Revenue \$)

4e Total program service expenses 2,101,253.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38	Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 in Schedule O. See instructions.

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

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 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 in Schedule O.		
	1a		15
b	Enter the number of voting members included in line 1a, above, who are independent		14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FMJ LLP - (323) 782-9391**
5455 WILSHIRE BLVD., SUITE 2020, LOS ANGELES, CA 90036

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEGAN CHERNIN BOARD MEMBER	1.00	X						0.	0.	0.
(2) ERIK FEIG BOARD MEMBER	1.00	X						0.	0.	0.
(3) RICK HESS BOARD MEMBER	1.00	X						0.	0.	0.
(4) VANESSA MORRISON BOARD MEMBER	1.00	X						0.	0.	0.
(5) BRIAN MCNAMEE BOARD MEMBER	1.00	X						0.	0.	0.
(6) ALISON TEMPLE BOARD MEMBER	1.00	X						0.	0.	0.
(7) STEPHANIE CHRISTIE BOARD MEMBER	1.00	X						0.	0.	0.
(8) EMMA WATTS BOARD MEMBER	1.00	X						0.	0.	0.
(9) DEAN HALLETT BOARD MEMBER	1.00	X						0.	0.	0.
(10) CHRIS BREARTON BOARD MEMBER	1.00	X						0.	0.	0.
(11) ELIZABETH MANN SECRETARY	1.00	X	X					0.	0.	0.
(12) JOHN KISSICK TREASURER	1.00	X	X					0.	0.	0.
(13) STEPHEN PROUGH CO-CHAIR	1.00	X	X					0.	0.	0.
(14) FRANK MARSHALL CO-CHAIR	1.00	X	X					0.	0.	0.
(15) VERONICA MELVIN PRESIDENT	40.00	X	X				190,973.	0.	15,703.	
(16) CLAUDIA KELLER CHIEF PROGRAM OFFICER	40.00		X				145,524.	0.	6,992.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								336,497.	0.	22,695.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								336,497.	0.	22,695.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	469,878.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,436,438.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2,906,316.				
	Program Service Revenue	2 a		Business Code				
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 469,878. of contributions reported on line 1c). See Part IV, line 18	a	56,595.				
		Less: direct expenses	b	56,595.				
		Net income or (loss) from fundraising events			0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	-2,788.			-2,788.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			-2,788.				
12	Total revenue. See instructions.			2,903,528.	0.	0.	-2,788.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	344,607.	286,180.	26,085.	32,342.
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	935,030.	770,237.	73,005.	91,788.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,542.	3,250.	158.	134.
9 Other employee benefits	84,194.	77,253.	3,763.	3,178.
10 Payroll taxes	107,779.	88,594.	8,622.	10,563.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	124,419.		124,419.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	409,247.	392,279.	1,438.	15,530.
12 Advertising and promotion				
13 Office expenses	82,388.	71,317.	7,321.	3,750.
14 Information technology	27,637.	15,281.	431.	11,925.
15 Royalties				
16 Occupancy	157,986.	131,388.	11,378.	15,220.
17 Travel	89,730.	80,878.	3,953.	4,899.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,441.	14,159.	63.	219.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,836.	12,985.	1,240.	1,611.
23 Insurance	28,358.		28,358.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	177,720.	82,452.	2,037.	93,231.
b DEVELOPMENT & TRAINING	41,691.	40,363.	876.	452.
c EQUIPMENT	28,464.	26,251.	960.	1,253.
d SUBSCRIPTIONS AND DUES	7,771.	4,050.	3,652.	69.
e All other expenses	5,483.	4,336.	831.	316.
25 Total functional expenses. Add lines 1 through 24e	2,686,323.	2,101,253.	298,590.	286,480.
26 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	102,302.	1	2,302.	
	2 Savings and temporary cash investments	218,007.	2	729,781.	
	3 Pledges and grants receivable, net	165,607.	3	31,614.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	42,141.	9	33,249.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 213,473.			
	b Less: accumulated depreciation	10b 199,402.	31,645.	10c 14,071.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	15,600.	15	15,600.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	575,302.	16	826,617.		
Liabilities	17 Accounts payable and accrued expenses	184,946.	17	219,056.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables 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	184,946.	26	219,056.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	246,399.	27	423,017.	
	28 Temporarily restricted net assets	143,957.	28	184,544.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	390,356.	33	607,561.		
34 Total liabilities and net assets/fund balances	575,302.	34	826,617.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,903,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,686,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	217,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	390,356.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	607,561.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	943,901.	2674664.	2951063.	3052132.	2906316.	12528076.
2 Tax revenues levied for the organization'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	943,901.	2674664.	2951063.	3052132.	2906316.	12528076.
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)						6804954.
6 Public support. Subtract line 5 from line 4.						5723122.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	943,901.	2674664.	2951063.	3052132.	2906316.	12528076.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	789.	358.	76.	5.		1,228.
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 IV.)	2,923.	3,841.	12,800.	17,035.	-2,788.	33,811.
11 Total support. Add lines 7 through 10						12563115.
12 Gross receipts from related activities, etc. (see instructions)					12	1,559,450.
13 First five 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, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	45.55 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	49.73 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 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 organization

b 33 1/3% support tests - 2012. 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 instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

LA ' S PROMISE

Employer identification number

20-4562686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization LA'S PROMISE	Employer identification number 20-4562686
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMGEN FOUNDATION ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	\$ 1,275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	\$ 361,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COLLEGE ACCESS FOUNDATION ONE FRONT STREET SUITE# 1325 SAN FRANCISCO, CA 94111	\$ 156,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712-2030	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CALIFORNIA COMMUNITY FOUNDATION 445 S. FIGUEROA STREET STE. #3400 LOS ANGELES, CA 90071-1638	\$ 110,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GOLDMAN SACHS CHARITABLE GIFT CSG GRANT 85 BROAD STREET NEW YORK, NY 10004	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LA ' S PROMISE	Employer identification number 20-4562686
---	---

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

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

Name of organization LA ' S PROMISE	Employer identification number 20-4562686
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

LA ' S PROMISE

Employer identification number

20-4562686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold 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 answered "Yes" to 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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in 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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		45,568.	45,568.	0.
d Equipment		167,905.	153,834.	14,071.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **14,071.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 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 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,903,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,903,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,903,528.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,686,323.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,686,323.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,686,323.

Part 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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

LA'S PROMISE

Employer identification number

20-4562686

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LA PROMISE GALA		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	526,473.			526,473.
	2 Less: Contributions	469,878.			469,878.
	3 Gross income (line 1 minus line 2)	56,595.			56,595.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	15,081.			15,081.
	7 Food and beverages	14,685.			14,685.
	8 Entertainment				
	9 Other direct expenses	26,829.			26,829.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				56,595.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

LA ' S PROMISE

Employer identification number
20-4562686

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VERONICA MELVIN PRESIDENT	(i)	190,973.	0.	0.	0.	15,703.	206,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLAUDIA KELLER CHIEF PROGRAM OFFICER	(i)	145,524.	0.	0.	0.	6,992.	152,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LA'S PROMISE

Employer identification number

20-4562686

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUTH IN ONE S. LOS ANGELES COMMUNITY-LA'S PROMISE NEIGHBORHOOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MODERN COMPUTER-MEDIATED ACTIVITIES, ALLOWING BOTH STUDENTS AND

TEACHERS MORE TIME FOR DIRECT INSTRUCTION, MORE SPECIFIC USE OF GROUP

INSTRUCTION, AND A MORE CUSTOMIZED CURRICULAR EXPERIENCE FOR STUDENTS

LEARNING AT VARYING LEVELS AND PACE.

LINKED LEARNING STRUCTURES CURRICULA OF RIGOROUS ACADEMICS AROUND

REAL-WORLD PROFESSIONS, EMPHASIZING COLLEGE AND CAREER GOALS INTO ALL

STUDY. LINKED LEARNING CALLS FOR THE COMBINATION OF CHALLENGING

ACADEMICS AROUND A CORE CURRICULUM WITH (I) THE ADDITION OF CAREER AND

TECHNICAL COURSEWORK EMPHASIZING THE PRACTICAL, REAL-WORLD USE OF THE

KNOWLEDGE GAINED IN ACADEMICS AND PREPARING YOUTH FOR EMPLOYMENT; (II)

OPPORTUNITIES FOR STUDENTS TO FURTHER THEIR LEARNING IN WORK

ENVIRONMENTS, FROM MENTORSHIP TO INTERNSHIPS AND APPRENTICESHIPS; AND

(III) FULL ACADEMIC AND SOCIAL SUPPORT SYSTEMS, INCLUDING COUNSELING

AND ADDITIONAL INSTRUCTION IN READING, WRITING AND MATHEMATICS, WITH

THE GOAL OF BREAKING DOWN THE WALLS OF THE TRADITIONAL CLASSROOM TO

BRING VALUABLE RESOURCES TO HELP ALL STUDENTS SUCCEED IN AND OUTSIDE

SCHOOL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STEP OF THE WAY.

PROMISE PARTNERS WAS CREATED TO IMPLEMENT THREE KEY ENGAGEMENT

ACTIVITIES:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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-ONGOING PARENT SUPPORT COURSES. THROUGH KEY PARTNERSHIPS, LA'S PROMISE EMPOWERS PARENTS THROUGH ONGOING SUPPORT AND EDUCATION COURSES. FOR EXAMPLE, WE PARTNER WITH FAMILIES IN SCHOOLS TO PROVIDE PARENT LEADERSHIP WORKSHOPS THAT FOCUS ON PREPARING THEIR CHILD FOR COLLEGE. AMERICAN HEART ASSOCIATION PROVIDES A HEALTHY COOKING CLASS. ADDITIONALLY, PARENTS ARE OFFERED COURSES TO INCREASE THEIR KNOWLEDGE OF STUDENT TESTING, EDUCATION RIGHTS AND FINANCIAL LITERACY.

-VOLUNTEER AND LEADERSHIP OPPORTUNITIES. PARENTS AT LA'S PROMISE SCHOOLS ARE KEY PARTNERS IN THE SCHOOL'S DAILY OPERATIONS. PARENTS SUPPORT OUR SCHOOLS BY CHAPERONING FIELD TRIPS, LEADING A SCHOOL VALET SERVICE, ASSISTING WITH UNIFORM SALES, PROVIDING SUPPORT DURING TESTING AND SUPERVISING SAFETY. FOR EXAMPLE, MANUAL ARTS PARENT VOLUNTEERS WERE CRITICAL IN THE SUCCESS OF THE SCHOOL'S NEW UNIFORM POLICY. PARENTS ORGANIZED AND DEVELOPED A VOLUNTEER GROUP CALLED THE "PARENT PATROL." PARENTS WHO COMPLETED EXTENSIVE TRAINING RECEIVED WALKIE-TALKIES, A SAFETY TEAM UNIFORM AND ASSISTED WITH SUPERVISION.

-CONSISTENT AND ONGOING PARENT COMMUNICATION. LA'S PROMISE WORKS CLOSELY WITH FACULTY MEMBERS AND ADMINISTRATORS TO DEVELOP A SYSTEM FOR CONSISTENT AND ONGOING PARENT COMMUNICATION. LA'S PROMISE MANDATES THAT TEACHERS COMMUNICATE WITH PARENTS ON A REGULAR BASIS, USING VARIOUS TOOLS SUCH AS CONNECT-ED MESSAGES, PERSONAL PHONE CALLS, MAILINGS, EMAILS AND ONE-ON-ONE CONFERENCES. SPECIAL ATTENTION AND MORE FREQUENT COMMUNICATIONS WILL OCCUR FOR STUDENTS WHO ARE HIGH RISK. ADDITIONALLY, TO ENSURE THAT PARENTS AND COMMUNITY MEMBERS ARE INFORMED ABOUT THE SCHOOL'S CHALLENGES, SUCCESSES AND OVERALL PROGRESS, LA'S PROMISE AND SCHOOL ADMINISTRATORS HOLD MONTHLY "TOWN HALL" MEETINGS, COFFEE WITH THE PRINCIPAL, WITH PARENTS AND COMMUNITY MEMBERS.

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ST. JOHN'S CLINIC AT MANUAL ARTS HAS DEMONSTRATED PROMISING RESULTS IN REDUCING DISEASE AND IMPROVING STUDENT HEALTH, WITH A 25% REDUCTION IN SEXUALLY TRANSMITTED DISEASE RATES AS ONLY ONE INDICATOR. THE CLINIC INTEGRATES THREE CRITICAL ACTIVITIES INTO EACH SCHOOL DAY TO ENSURE THE HEALTHY DEVELOPMENT OF EVERY CHILD: (I) HEALTH SCREENINGS; (II) A HEALTH INSURANCE ENROLLMENT PROGRAM; AND (III) A HEALTH INTERVENTION CLASS FOR STUDENTS AND PARENTS WITH THE HIGHEST HEALTH NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TEACHERS & LEADERS:

BUILDING THE CAPACITY OF TEACHERS AND ADMINISTRATORS IS A PRIMARY MEANS TO SUSTAINING REAL REFORM AND EFFICIENCY AT ITS SCHOOLS. TEACHERS & LEADERS IS AN LA'S PROMISE PROGRAM DEDICATED TO PROVIDING ONGOING PROFESSIONAL DEVELOPMENT AND OPPORTUNITIES, INCLUDING OFFERINGS TO STRENGTHEN BOTH CLASSROOM EDUCATORS AND SCHOOL ADMINISTRATORS. TEACHERS & LEADERS AIMS TO GIVE OUR TEAM THE RESOURCES AND SUPPORT NECESSARY FOR THEM TO MOVE FROM BEING EDUCATORS TO BECOMING ENTREPRENEURIAL, STRATEGIC, AND VISIONARY THINKERS.

THROUGH TEACHERS & LEADERS, DIRECTORS OF TEACHING AND LEARNING BASED AT EACH SCHOOL SITE PROVIDE DEPARTMENTAL PROFESSIONAL DEVELOPMENT AND ONGOING PRINCIPAL AND TEACHER SUPPORT THROUGH INDIVIDUAL OBSERVATIONS, DEBRIEFING, DATA ANALYSIS, AND PLANNING HELP. TEACHERS ARE FUNDED BY LA'S PROMISE ACROSS ALL CAMPUSES FOR FULL NATIONAL BOARD CERTIFICATION, NATIONAL BOARD PROFESSIONAL DEVELOPMENT PROGRAMS, AND NATIONAL BOARD CONFERENCES. LA'S PROMISE BUILDS THE CAPACITY OF A SCHOOL'S LEADERSHIP TO DEVELOP TEACHER TALENT BY MAINTAINING A FOCUS ON INSTRUCTION AND STRATEGIC PROFESSIONAL DEVELOPMENT.

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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EXPENSES \$ 292,042. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

7 TO 7 IS AN ARRAY OF BEFORE, DURING, AND AFTERSCHOOL PROGRAMS DESIGNED TO MAKE THE SCHOOL SITE A TRUSTED AND ENRICHING COMMUNITY HUB FROM 7AM TO 7PM EVERY DAY, AND OFTEN FOR HOURS BEYOND. 7 TO 7 FOCUSES MAINLY ON THE BELIEF OF "WRAPAROUND SERVICES" AND UTILIZES THE SERVICES OF DOZENS OF ORGANIZATIONAL PARTNERS AND STRUCTURES THOSE SERVICES INTO CLASSES AND PROGRAMS THAT ARE INTERTWINED WITH THE REGULAR SCHOOL DAY. 7 TO 7 CLASSES AND WORKSHOPS ARE OFFERED IN MULTIPLE AREAS, FROM TUTORING PROGRAMS, TO SPORTS, TO OUTINGS TO AND COLLABORATIONS WITH, FOR EXAMPLE, THE LOS ANGELES PHILHARMONIC, AND GANG INTERVENTION GROUPS AND BEYOND. 7 TO 7 COURSES ARE PROVIDED BY DOZENS OF LA'S PROMISE PARTNERS, INCLUDING BROTHERHOOD CRUSADE, CHILDREN'S BUREAU, GIRL SCOUTS, AND WOODCRAFT RANGERS.

7 TO 7 HAS BEEN A HUGE SUCCESS AMONG STUDENTS AND THEIR FAMILIES, MAKING THE SCHOOL THE FOCAL POINT OF RESOURCES AND ACTIVITY FOR THE WHOLE COMMUNITY. THE PROGRAM SIGNIFICANTLY EXTENDS THE SCHOOL DAY TO PROVIDE EXTRA EDUCATIONAL AND ENRICHMENT PROGRAMS. LA'S PROMISE'S 7 TO 7 PROGRAM INVITES STUDENTS AND FAMILIES TO PARTICIPATE IN MEANINGFUL ACTIVITIES THROUGH AN EXTENDED, ENGAGING AND HOLISTIC SCHOOL DAY.

EXPENSES \$ 271,391. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GO FOR COLLEGE:

A COLLEGE PREPARATORY EDUCATION FOR EVERY NEIGHBORHOOD CHILD IS THE FUNDAMENTAL MISSION OF LA'S PROMISE. THROUGH AN ENORMOUS NETWORK OF LEADING COLLEGES, BUSINESSES AND OTHER PARTNERS, LA'S PROMISE ENSURES EVERY STUDENTS ACCESS TO LIFE-CHANGING OPPORTUNITIES. AS A FOCUS INSIDE AND OUTSIDE OF THE CLASSROOM, LA'S PROMISE PROVIDES STUDENTS THE

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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MOTIVATION AND SUPPORT NECESSARY TO ATTEND COLLEGE AND PURSUE A PROMISING CAREER.

GO FOR COLLEGE IS GROUNDED IN THE BELIEF THAT ALL STUDENTS SHOULD BE INFORMED TO MAKE A STRONG AND PERSONAL CHOICE ABOUT PURSUING HIGHER EDUCATION. GO FOR COLLEGE EXPOSES THE LA'S PROMISE STUDENT BODY TO AN ARRAY OF TWO- AND FOUR-YEAR, PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES. AN LA'S PROMISE ASSOCIATE DIRECTOR OF COLLEGE ACCESS WORKS DAILY WITH EACH CAMPUS' COLLEGE COUNSELOR TO NAVIGATE STUDENTS THROUGH THE COLLEGE RESEARCH AND SELECTION PROCESS, PREPARING THEM TO MEET THE REQUIREMENT OF APPLYING TO AT LEAST ONE COLLEGE OR UNIVERSITY BEFORE GRADUATION. FROM MANDATORY COLLEGE TRIPS FOR EVERY 9TH GRADER TO COLLEGE COUNSELOR TRAINING FOR EVERY TEACHER, GO FOR COLLEGE CREATES A CULTURE WHERE COLLEGE PREP IS THE NORM AND EVERY STUDENT HAS EQUAL ACCESS TO HIGHER EDUCATION. THROUGH EVENTS SUCH AS AN ANNUAL COLLEGE FAIR AND THE INCORPORATION OF STUDENT COLLEGE AMBASSADORS, STUDENTS AND FAMILIES RECEIVE THE NECESSARY SUPPORT TO COMPLETE THE COLLEGE ADMISSION PROCESS.

EXPENSES \$ 251,908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS REVIEWED BY THE ENTIRE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANNUAL QUESTIONNAIRES ARE PASSED OUT TO ALL BOARD MEMBERS FOR SIGNATURE. THE COMPLIANCE OFFICER, CEO AND COO MONITOR THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY. IF A CONFLICT SHOULD ARISE THE EXECUTIVE COMMITTEE RESOLVES THE SITUATION.

Name of the organization LA'S PROMISE	Employer identification number 20-4562686
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS SETS COMPENSATION FOR THE CEO BASED ON COMPARISON DATA FROM SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS REVIEWS THE CEO'S COMPENSATION ANNUALLY. COMPENSATION FOR OTHER OFFICERS ARE SET BY THE CEO BASED ON COMPARISON DATA FROM SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS WHEN THE OFFICER IS HIRED AND WHEN THE TERMS OF THE OFFICER'S COMPENSATION PACKAGE IS MODIFIED.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	30,076.
MANAGEMENT AND GENERAL EXPENSES	110.
FUNDRAISING EXPENSES	1,191.
TOTAL EXPENSES	31,377.

INSTRUCTIONAL / PROGRAM:

PROGRAM SERVICE EXPENSES	362,203.
MANAGEMENT AND GENERAL EXPENSES	1,328.
FUNDRAISING EXPENSES	14,339.
TOTAL EXPENSES	377,870.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	409,247.

FORM 990, PART XII, LINE 2C

Name of the organization
LA'S PROMISE

Employer identification number
20-4562686

EXPLANATION: NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.

Multiple horizontal lines for additional text or explanation.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LA 'S PROMISE	Enter filer's identifying number Employer identification number (EIN) or 20-4562686
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 202 W. 1ST STREET, , NO. 4-0160	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90012	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FMJ LLP

• The books are in the care of ▶ **5455 WILSHIRE BLVD., SUITE 2020 - LOS ANGELES, CA 90036**
Telephone No. ▶ **(323) 782-9391** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 17, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... June 30, 2014

Prepared for	LA's Promise 202 W. 1st Street, No. 4-0160 Los Angeles, CA 90012
Prepared by	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
Amount due or refund	No payment required
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

2013

California Exempt Organization
Annual Information Return

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name LA'S PROMISE		California corporation number 2808574	
Address (suite, room, or PMB no.) 202 W. 1ST STREET, , NO. 4-0160		FEIN 20-4562686	
City LOS ANGELES	State CA	ZIP Code 90012	

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	53,807.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,906,316.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,960,123.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	2,960,123.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,742,918.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	217,205.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here	Signature of officer PRESIDENT/CEO	Title	Date	Telephone
	Preparer's signature			PTIN P00234075
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929			FEIN 95-1777440 Telephone (310) 873-1600
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	56,595.00	
	2	Interest	●	2	00	
	3	Dividends	●	3	00	
	4	Gross rents	●	4	00	
	5	Gross royalties	●	5	00	
	6	Gross amount received from sale of assets (See Instructions)	●	6	00	
	7	Other income	●	7	-2,788.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	53,807.00	
	9	Contributions, gifts, grants, and similar amounts paid	●	9	00	
	10	Disbursements to or for members	●	10	00	
	11	Compensation of officers, directors, and trustees	●	11	344,607.00	
	12	Other salaries and wages	●	12	935,030.00	
	Expenses and Disbursements	13	Interest	●	13	00
		14	Taxes	●	14	107,779.00
		15	Rents	●	15	157,986.00
		16	Depreciation and depletion (See instructions)	●	16	15,836.00
		17	Other Expenses and Disbursements	●	17	1,181,680.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	2,742,918.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		320,309.		732,083.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	a Depreciable assets	248,027.		213,475.	
	b Less accumulated depreciation	(216,382.)	31,645.	(199,404.)	14,071.
11	Land				
12	Other assets STMT 5		223,348.		80,463.
13	Total assets		575,302.		826,617.
Liabilities and net worth					
14	Accounts payable		184,946.		219,056.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		390,356.		607,561.
22	Total liabilities and net worth		575,302.		826,617.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	217,205.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year	●	
5	Expenses recorded on books this year not deducted in this return	●	
6	Total. Add line 1 through line 5		217,205.
7	Income recorded on books this year not included in this return.	●	
8	Deductions in this return not charged against book income this year	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		217,205.

FORM 199		CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
AMGEN FOUNDATION	ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	06/30/13	1,275,000.	
CALIFORNIA ENDOWMENT	1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	06/30/13	361,440.	
COLLEGE ACCESS FOUNDATION	ONE FRONT STREET SUITE# 1325 SAN FRANCISCO, CA 94111	06/30/13	156,000.	
THE WALTON FAMILY FOUNDATION	PO BOX 2030 BENTONVILLE, AR 72712-2030	06/30/13	150,000.	
CALIFORNIA COMMUNITY FOUNDATION	445 S. FIGUEROA STREET STE. #3400 LOS ANGELES, CA 90071-1638	06/30/13	110,016.	
GOLDMAN SACHS CHARITABLE GIFT CSG GRANT	85 BROAD STREET NEW YORK, NY 10004	06/30/13	100,000.	
ARES MANAGEMENT	2000 AVENUE OF THE STARS 12TH FLOOR LOS ANGELES, CA 90077	06/30/13	50,000.	
THE CHERNIN FAMILY FOUNDATION INC.	10250 CONSTELLATION BLVD #230 LOS ANGELES, CA 90067	06/30/13	50,000.	
JOSEPH DROWN FOUNDATION	1999 AVENUE OF THE STARS LOS ANGELES, CA 90067	06/30/13	50,000.	
KENNEDY, KATHLEEN & MARSHALL, FRANK	16055 VENTURA BLVD. ENCINO, CA 91436	06/30/13	50,000.	
CALIFORNIA EMERGING TECHNOLOGY FUND	THE HEARST BUILDING 5 THIRD STREET SUITE 320 SAN FRANCISCO, CA 94103	06/30/13	47,000.	
TELEVISIA	1035 S. GRAND AVENUE 2ND FLOOR LOS ANGELES, CA 90015	06/30/13	31,100.	
20TH CENTURY FOX FILM C/O D FORINO	P.O. BOX 900 BEVERLY HILLS, CA 90213-0900	06/30/13	30,000.	
UNITED WAY	1150 S OLIVE ST. SUITE T 500 LOS ANGELES, CA 90015	06/30/13	30,000.	
RESSLER/GERTZ FAMILY FOUNDATION C/O WISHNOW, ROSS, WARSAVSKY & CO	16130 VENTURA BLVD. #320 ENCINO, CA 91436	06/30/13	25,000.	

CAROL & JAMES COLLINS FOUNDATION	6101 E. CENTINELA AVE. #100 CULVER CITY, CA 90230	06/30/13	17,000.
ROTH FAMILY FOUNDATION	12021 WILSHIRE BLVD. STE. 505 LOS ANGELES, CA 90025	06/30/13	15,000.
NIELSEN	6255 W SUNSET BLVD 20TH FLOOR HOLLYWOOD, CA 90028	06/30/13	14,500.
ALLISON & BENNETT ROSENTHAL CHARIT FOUND	707 FOOTHILL BLVD BEVERLY HILLS, CA 90210	06/30/13	12,500.
DAVID & MEREDITH KAPLAN FOUNDATION C/O WISHNOW, ROSS, WARSAVSKY & CO.	16130 VENTURA BLVD. #320 ENCINO, CA 91436	06/30/13	12,500.
THE WHITTIER TRUST COMPANY	1600 HUNTINGTON DRIVE SOUTH PASADENA, CA 91030	06/30/13	11,000.
MANN, ELIZABETH	350 S. GRAND AVE. LOS ANGELES, CA 90071	06/30/13	10,500.
AMERICAN ENDOWMENT FOUNDATION	1521 GEORGETOWN RD. STE 104 HUDSON, OH 44236	06/30/13	10,000.
BRUFISKY, SETH J.	23422 MALIBU COLONY RD MALIBU, CA 90265	06/30/13	10,000.
CASCELLA, AMERICO TTEE	349 26TH ST HERMOSA BEACH, CA 90254	06/30/13	10,000.
CITY NATIONAL BANK	555 SOUTH FLOWER STREET 9TH FLOOR LOS ANGELES, CA 90071	06/30/13	10,000.
FIDELITY CGF/DAVID RICHARDS SACHS	PO BOX 770001 CINCINNATI, OH 45277-0053	06/30/13	10,000.
MARILYN & JEFFREY KATZENBERG FOUNDATION C/O BRESLAUER, RUTMAN &	400 OLYMPIC BLVD SUITE 550M LOS ANGELES, CA 90064-1551	06/30/13	10,000.
MCGRATH, KATIE & ABRAMS, JJ FAM FOUND	16000 VENTURA BLVD. #900 ENCINO, CA 91436	06/30/13	10,000.
NORDSTROM	701 HARGER RD OAK BROOK, IL 60523	06/30/13	10,000.
PARTICIPANT MEDIA	331 FOOTHILL ROAD BEVERLY HILLS, CA 90210	06/30/13	10,000.
SOUTHERN CALIFORNIA GAS COMPANY	555 W 5TH ST. LOS ANGELES, CA 90013	06/30/13	10,000.

THE OTIS BOOTH FOUNDATION	10431 BELLAGIO RD ANGELES, CA 90077	LOS	06/30/13	10,000.
UNIVERSITY OF CALIFORNIA - BERKELEY	101 SPROUL HALL 94720	BERKELEY, CA	06/30/13	10,000.
WILD CARD MEDIA, LLC	9100 WILSHIRE BLVD. SUITE 400W BEVERLY HILLS, CA 90212		06/30/13	10,000.
LA UNIFIED SCHOOL DISTRICT	333 S BEAUDRY AVE ANGELES, CA 90017	LOS	06/30/13	8,000.
360 MANAGEMENT	9111 WILSHIRE BLVD HILLS, CA 90210	BEVERLY	06/30/13	5,000.
ARTISAN PICTURES, INC.	2700 COLORADO AVE MONICA, CA 90404	SANTA	06/30/13	5,000.
CA STATE UNIVERSITY	18111 NORDHOFF STREET NORTHRIDGE, CA 91330		06/30/13	5,000.
CHARITABLE GIFT FUND(FRIEDMAN, B & S)	2700 COLORADO AVE MONICA, CA 90404	SANTA	06/30/13	5,000.
CREATIVE ARTISTS AGENCY	2000 AVENUE OF THE STARS ANGELES, CA 90067	LOS	06/30/13	5,000.
CWIERTNIA, MATT	14926 ALTATA DR PALISADES, CA 90272	PACIFIC	06/30/13	5,000.
ENTERTAINMENT INDUSTRY FOUNDATION	1900 AVENUE OF THE STARS SUITE 1400 LOS ANGELES, CA 90067		06/30/13	5,000.
HOME BOX OFFICE, INC.	1100 AVE OF THE AMERICAS YORK, NY 10036	NEW	06/30/13	5,000.
JAYNEE & ERIC BECKAM FAMILY FOUNDATION	1035 S. GRAND AVENUE 2ND FLOOR LOS ANGELES, CA 90015		06/30/13	5,000.
JPMORGAN CHASE CORPORATE ACCOUNTS PAYABLE, TX2-C361	712 MAIN ST 4E 77002	HOUSTON, TX	06/30/13	5,000.
KARSH FAMILY FOUNDATION	1201 TOWER GROVE DR. HILLS, CA 90210-2135	BEVERLY	06/30/13	5,000.
KRAM, STEVEN H.	10877 WILSHIRE BLVD. #1404 LOS ANGELES, CA 90024		06/30/13	5,000.
LUEPP, JOHN	317 16TH STREET BEACH, CA 90266	MANHATTAN	06/30/13	5,000.

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MELLINGER, PAUL L.	11111 SANTA MONICA BLVD STE 525 LOS ANGELES, CA 90025	06/30/13	5,000.
MOORE, JEFF & BERNADETTE	1352 WENTWORTH AVENUE PASADENA, CA 91106	06/30/13	5,000.
O'MELVENY & MYERS, LLP	400 SOUTH HOPE STREET LOS ANGELES, CA 90071	06/30/13	5,000.
PAPER PRODUCTS	10960 WILSHIRE BLVD. #700 LOS ANGELES, CA 90024	06/30/13	5,000.
PRITZKER PUCKER FAMILY FOUNDATION	71 S WACKER DR. SUITE 4700 CHICAGO, IL 60606	06/30/13	5,000.
SCHALL, DARRYL L.	3841 HAYVENHURST DRIVE ENCINO, CA 91436	06/30/13	5,000.
THE IRVINE FOUNDATION	865 SOUTH FIGUEROA SUITE 1320 LOS ANGELES, CA 90017	06/30/13	5,000.
THE JOHN W. CARSON FOUNDATION C/O GETTLESON, WITZER, & O'CONNOR	9350 WILSHIRE BLVD. SUITE 200 BEVERLY HILLS, CA 90212	06/30/13	5,000.
THE SCHALL FAMILY TRUST (SCHALL, DARYL	1035 S. GRAND AVENUE 2ND FLOOR LOS ANGELES, CA 90015	06/30/13	5,000.
TODD WAGNER FOUNDATION	3008 TAYLOR ST. DALLAS, TX 75226	06/30/13	5,000.
TOTAL INCLUDED ON LINE 3			<u>2,861,556.</u>

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER INCOME		-2,788.	
TOTAL TO FORM 199, PART II, LINE 7		<u>-2,788.</u>	

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MEGAN CHERNIN 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
ERIK FEIG 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
RICK HESS 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
VANESSA MORRISON 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
BRIAN MCNAMEE 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
ALISON TEMPLE 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
STEPHANIE CHRISTIE 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
EMMA WATTS 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
DEAN HALLETT 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
CHRIS BREARTON 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	BOARD MEMBER 1.00	0.
ELIZABETH MANN 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	SECRETARY 1.00	0.

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JOHN KISSICK 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	TREASURER 1.00	0.
STEPHEN PROUGH 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	CO-CHAIR 1.00	0.
FRANK MARSHALL 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	CO-CHAIR 1.00	0.
VERONICA MELVIN 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	PRESIDENT 40.00	196,367.
CLAUDIA KELLER 202 W. 1ST STREET, , NO. 4-0160 LOS ANGELES, CA 90012	CHIEF PROGRAM OFFICER 40.00	148,240.
TOTAL TO FORM 199, PART II, LINE 11		<u>344,607.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
OUTSIDE SERVICES	177,720.
DEVELOPMENT & TRAINING	41,691.
EQUIPMENT	28,464.
SUBSCRIPTIONS AND DUES	7,771.
DIRECT EXPENSES OF FUNDRAISING EVENTS	56,595.
PENSION PLAN CONTRIBUTIONS	3,542.
OTHER EMPLOYEE BENEFITS	84,194.
ACCOUNTING FEES	124,419.
OTHER PROFESSIONAL FEES	409,247.
OFFICE EXPENSES	82,388.
INFORMATION TECHNOLOGY	27,637.
TRAVEL	89,730.
CONFERENCES AND CONVENTIONS	14,441.
INSURANCE	28,358.
ALL OTHER EXPENSES	5,483.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,181,680.</u>

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	165,607.	31,614.	
PREPAID EXPENSES AND DEFERRED CHARGES	42,141.	33,249.	
DEPOSITS	15,600.	15,600.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	223,348.	80,463.	

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name LA'S PROMISE	Identifying number 20-4562686
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	2,960,123 00
2 Total gross income (Form 199, line 8)	2	2,960,123 00
3 Total expenses and disbursements (Form 199, line 9)	3	2,742,918 00

Part II Settle Your Account Electronically for Taxable Year 2013

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here		_____	Date		PRESIDENT / CEO	Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	GREEN HASSON & JANKS LLP	FEIN 95-1777440		
		10990 WILSHIRE BLVD., 16TH FLOOR	ZIP Code 90024-3929		
		LOS ANGELES, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	GREEN HASSON & JANKS LLP	FEIN 95-1777440	
		10990 WILSHIRE BLVD., 16TH FLOOR	ZIP Code 90024-3929	
		LOS ANGELES, CA		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2014

Prepared for	LA's Promise 202 W. 1st Street, No. 4-0160 Los Angeles, CA 90012
Prepared by	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	February 17, 2015
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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

State Charity Registration Number: CT <u>132441</u>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report
LA'S PROMISE <small>Name of Organization</small> <u>202 W. 1ST STREET, , NO. 4-0160</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90012</u> <small>City or Town, State and ZIP Code</small>	Corporate or Organization No. <u>2808574</u> Federal Employer I.D. No. <u>20-4562686</u>

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014) list:
 Gross annual revenue \$ 2,903,528. Total assets \$ 826,617.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (213) 745-4928

Organization's e-mail address INFO@LASPROMISE.ORG

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

VERONICA MELVIN	PRESIDENT/CEO
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**STATE OF CALIFORNIA
 OFFICE OF THE ATTORNEY GENERAL
 REGISTRY OF CHARITABLE TRUSTS
 ANNUAL FINANCIAL SOLICITATION REPORT**

California Business and Professions Code Section 17510.9

Year Ending June 30, 20



**NOTE: ALL LINE REFERENCES ARE TO IRS FORM 990 UNLESS OTHERWISE NOTED.
 THIS FORM MUST BE COMPLETED IN TRIPLICATE.**

Name: _____	CT _____
Address: _____	
City: _____ State _____ Zip _____	FEIN _____

1. Was more than \$1,000,000 collected in charitable contributions from donors in California? Yes ____ No ____
 If the answer is NO, do not proceed. This document is not required. If YES, continue.
2. Do your charitable contributions collected from donors in California represent more than 50% of your annual income? Yes ____ No ____
 If the answer is NO, do not proceed. This document is not required. If YES, continue.

PART I STATEMENT OF REVENUE

A. Revenue	A.	\$
B. Cost/Basis of Sold Assets, (Part I, line 8b)	B.	\$
C. Special Fund-raising Expenses (Part 1, line 9b)	C.	\$
D. Cost of Goods Sold (Part 1, line 10b)	D.	\$
E. TOTAL REVENUE (add previous 4 lines).	E.	\$

PART II STATEMENT OF FUNCTIONAL EXPENSES*

A.. Total salaries of all persons employed by the charity.	A TOTAL	B PROGRAM	C MGMT & GENERAL	D FUNDRAISING
1. Compensation of officers, etc. (Part II, line 25)				
2. Other salaries and wages (Part II, line 26)				
3. Pension plan contributions (Part II, line 27)				
4. Other employee benefits (Part II, line 28)				
5. GROSS SALARIES (add lines 1 through 4)				
6. Less: the total of Part II lines 25-28 C + D				
7. TOTAL SALARIES	A7			
B. Fundraising Expenses				
1. Fundraising Expenses (Part 11, line 44(D))				
2. Special Fundraising Expenses (Part I, line 9b)				
3. TOTAL FUNDRAISING EXPENSES (ADD PREVIOUS 2 LINES)	B3			

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C. Travel			
1. Travel (Part II, line 39)			
2. Less: Part II, line 39 C + D			
3. TOTAL TRAVEL	C3		
D. Overhead and Other Expenses			
1. Management and General (Part II, line 44(C))	D1		
E. TOTAL (add lines A7, B3, C3 and D1)			
PART III EXPENSES AS A PERCENT OF REVENUE			
(Part II, E of this form ÷ Part I, E of this form X 100		%	
Is the percentage more than 25%? Yes ____ No ____ . If YES, this document is required. If NO, do not file this document.			
PART IV LIST THE SALARIES OF THE FIVE (5) HIGHEST COMPENSATED EMPLOYEES			
AMOUNT	NAME AND POSITION		
\$			
\$			
\$			
\$			
\$			
\$	TOTAL SALARIES		
PART V PROGRAMS AS A PERCENT OF REVENUE (100 MINUS Part III percentage)			%
* Please be aware that entries for Total Expenses in the categories of Salary and Travel may include both program and nonprogram expenditures.			
Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.			
_____ Signature of authorized officer	_____ Printed Name	_____ Title	_____ Date