



CHARLES DUNN
REAL ESTATE SERVICES, INC.
800 West Sixth Street, Sixth Floor
Los Angeles, California 90017-2709
213 683-0500 • FAX 213 683-1551
www.charlesdunn.com
Lic. #01201667

October 11, 2013

Hollywood Property Owners Alliance
Attn: Kerry Morrison
1680 Vinc Street #414
Hollywood, CA 90028

RE: Proposal - 1718 N. Cherokee Ave. Suite C Los Angeles, CA

We are in receipt of your recent lease offer for the referenced location. Please review the following proposal to lease space at the above referenced project. If the terms and conditions below are acceptable, please execute in the space provided and return back to me as soon as possible. I will forward a signed copy of this proposal to the Landlord and request that a Lease be drafted for your signatures.

PREMISES: 90028	1718 N. Cherokee Ave. Suite C., Los Angeles, CA
LESSEE:	Hollywood Property Owners Alliance
USE:	Maintenance Storage /Headquarters Office
TERM:	Three (3) Years from Lease Execution.
COMMENCEMENT:	Upon mutual Lease Execution and delivery and receipt of keys to the premises by tenant.
SQUARE FOOTAGE:	Approximately 845 rentable square feet
RATE:	Base monthly rent shall be \$1,250.00 with an annual 2.5% rent increase during the lease term. In addition, tenant shall be responsible for their own utilities.
PARKING:	One (1) unassigned parking space in parking structure.
ACCEPTANCE:	Tenant shall accept the premises in its "as-is" condition.
COMMISSION:	As per a separate agreement.
SECURITY DEPOSIT:	Lessee shall pay the first month's rent and a security deposit (amount to be determined pending financial information provided by Lessee) upon execution of the final lease document.

"Excellence in management through knowledge, dedication and teamwork"

TENANT
IMPROVEMENTS:

Lessor shall provide Lessee with a clean space free of debris and all systems (including existing electrical, plumbing, and HVAC) shall be in good working order. The Lessee shall lease the premises in its otherwise, "as is" condition. Any interior modifications or renovations, including any business fixtures to be installed or constructed shall be fully the responsibility of the Lessee. Any costs associated with the construction of any tenant improvements or modifications shall be borne by the Lessee. Lessee shall submit plans to the Lessor for any intended improvements for review and reasonable approval prior to the commencement of any construction.

The construction of said improvements shall be according to all provisions of the Lease, shall be done with all necessary building permits and shall be built in conformity to all applicable building codes. Lessor shall be provided with copies of all building permits, city approvals, material lien and mechanic's lien releases. Lessee's contractors shall be licensed, bonded and insured for general liability and workers compensation.

Any contractor working in or about the premises shall provide Lessor with certificates of insurance and shall name Lessor as an additional insured.

INSURANCE:


Lessee at its expense shall maintain in full force and effect at all times during the term of the lease, policies of insurance in amounts and provided by carriers acceptable to the Lessor for Comprehensive General Liability with all risk protection and Workers' Compensation Insurance.

SUBLETTING &
ASSIGNMENT:

Lessee shall have no right to sublease or assign the subject lease.


No binding obligations are intended to be created by this Letter and no such binding permanent change or underlying agreement shall be created until a final mutually satisfactory Lease is executed by both parties. The terms and conditions of this proposal shall remain in effect until, Wednesday, October 23, 2013, and after such time this proposal shall expire and be of no further force or effect.

Sincerely,
CHARLES DEAN REAL ESTATE SERVICES, INC.


Karina Beltran
Portfolio Manager
#01750615

Cc: Eileen Conn

Agreed and Accepted:

By: 
Kerry Morrison
Executive Officer
Hollywood

Date: October 14, 2013



Hollywood Property Owners Alliance
1680 Vine Street, Suite 414
Hollywood, CA 90028
phone 323 463 6767 fax 323 463 4229

Hollywood
Property Owners
Alliance
944

John Tronson
President
Avison Young

John Lyons
Vice President
Avalon Hollywood

Drew Planting
Treasurer
GPI

Jan Martin
Secretary
AMDA

David Benavente
Shine America

Leslie Blumberg
The Fonda

Charlie Colletta
HEI, LLC.

Joseph D'Amore
CRC Entertainment Inc.

Mark Echeverria
The Musso & Frank Grill

Michael Gargano
Argent Ventures, LLC

David Green
Nederlanders
West Coast

Galo Medina
Comprehensive
Financial Services

Don Mushin
Hollywood Toyota

Frank Stephan
Clarett West
Development

Mark Stephenson
Hollywood United
Methodist Church

Monica Yamada
CIM Group, Inc.

944

Kerry Morrison
Executive Director

January 23, 2014

Karina Beltran
Senior Portfolio Manager
Charles Dunn Real Estate Service, Inc.
800 West Sixth Street, Sixth Floor
Los Angeles, CA 90017-2709

Subject: Credit Application
1718 N. Cherokee Avenue Suite C
Los Angeles, CA 90028

Dear Ms. Beltran,

Please find enclosed the documents you requested associated with our intent to enter into a lease agreement for the space available on Cherokee.

Enclosed you will find:

- Tax returns for 2011 and 2012
- Financial statement for 2012
- Credit application
- Check for \$50.00

In the application, we only provided the federal ID number for our non-profit corporation, the Hollywood Property Owners Alliance. I did not include any personal information (e.g., social security, drivers license, etc.) because our organization, a 501(c) 6, governed by a board of directors (listed on this letterhead) is the entity with whom the city would enter into a lease.


With respect to a business plan, there is no profit-oriented business associated with this lease. We are looking for a headquarters for our maintenance team. This will be similar to the use that was in there before, when the Hollywood Beautification Team held the space. We have a team of 14 people, employed by our vendor, Clean Street, who provide cleaning, landscaping and maintenance services throughout the District 24 hours a day. This will be a location within which we will store supplies and equipment, allow for lunches and breaks, and restroom facilities for our team. Currently our team operates out of portable sheds erected in a parking

Hollywood Property Owners Alliance
January 23, 2014

lot at the corner of Cherokee and Selma. That lot will be developed in the near future into housing; hence we needed to find a new location.

Please let me know if there is any additional information that you require to proceed with the due diligence on your side of this transaction. We look forward to continuing this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Kerry Morrison", written over a horizontal line.

Kerry Morrison
Executive Director

cc: Belkis Del Valle -- DOT

**CoreLogic EXPERIAN BUSINESS CREDIT REQUEST RESPONSE**
SafeRentAttention: KARINA BELTRAN Fax Number: (213) 688-0468Date: 02/21/2014 Number of Pages: 4Account Number: RA887 Account Name: CHARLES DUNN/COMMONWEALTH APTCustomer Service Representative: MARIA DELGADO**RESULTS OF YOUR REQUEST:**Company Requested: HOLLYWOOD PROPERTY OWNERS ALLIANCE

Business Owner Profile (BOP): _____

☐ No Record☐ List of Similar (LOS) (Circle your selection for List of Similar and return by fax to the number below.)☒ Business Profile☐ Business Owner Profile☐ Business Profile with Commercial IntelliscoreSMExperian Charges: \$ 27.50**Fax completed Form to: 1-800-788-0467**
For questions, please call: 1-800-877-1223

CoreLogic SafeRent

6650 Peachtree Parkway, Suite 600

Norcross, GA 30092

Business Credit Request Response fm 2013-06-16 OPSFB

Business Profile - HOLLYWOOD PROPERTY OWNERS ALLIANCE

Subcode: 647840

Ordered: 02/21/2014 09:41:45 CST

Transaction number: C010348860

Search inquiry: HOLLYWOOD PROPERTY OWNERS ALLIANCE / LOS ANGELES / CA / 90028

**Identifying Information**

This information is the primary name and address for the business you inquired on. All data in this report pertains to the business.

HOLLYWOOD PROPERTY OWNERS ALLIANCE
1680 VINE ST STE 216
HOLLYWOOD, CA 90028-8829

Business Identification Number:
Experian File Established:
Date of Incorporation:

789372200
01/2008
09/26/1998

Executive Summary**Research Tips**

Additional information may be available on this business.

Other recommended searches:

Order Public Record

Legal Filings and Collections

Bankruptcy filings:	0
Tax lien filings:	0
Judgment filings:	0
Total collections:	0
Sum of legal filings:	\$0
UCC filings:	0
Cautionary UCC filings present?	No

Trade Information

Monthly average DBT:	0
Highest DBT previous 6 months:	0
Highest DBT previous 5 quarters:	0
Total continuous trades:	0
Current continuous trade balance:	\$0
Trade balance of all trades (2):	\$100
Average balance previous 5 quarters:	\$0
Highest credit amount extended:	\$0
6 month balance range:	\$0 - \$0

Trade Payment Information

Trade Payment Experiences (Trade Lines With an (*) after date are newly reported)						Account Status Days Beyond Terms						Comments
Business Category	Date Reported	Last Sale	Payment Terms	Recent High Credit	Balance	Cur	1-30	31-60	61-90	91+		
UNRECORDED	02/20/14		VARIES		\$0							

Trade Payment Totals

Trade Payment Experiences					Account Status Days Beyond Terms					Comments
Type	Lines Reported	Recent High Credit	Balance	Cur	1-30	31-60	61-90	91+		
Continuously Reported	0									
Newly Reported	1	\$0	\$0						DATE: 0	
Total Lines Total	1	\$0	\$0						DATE: 0	

Additional Payment Experiences

Additional Payment Experiences											
Trade Payment Experiences (Trade Lines With an (*) after date are newly reported)							Account Status Days Beyond Terms				
Business Category	Date Reported	Last Sale	Payment Terms	Recent High Credit	Balance	Cur	1-30	31-60	61-90	91+	Comments
UNRECORDED	02/20/14		VARIES		\$0						

Inquiries

Summary of Inquiries											
Business Category	FEB14	JAN14	DEC13	NOV13	OCT13	SEP13	AUG13	JUL13	JUN13		
UNRECORDED											3
Total			1								

Company Background Information

Corporate Registration

THIS DATA IS FOR INFORMATION PURPOSES ONLY. CERTIFICATION CAN ONLY BE OBTAINED THROUGH THE SACRAMENTO OFFICE OF THE CALIFORNIA SECRETARY OF STATE.

State of Origin: CA
Date of Incorporation: 08/25/1999
Current Status: Active

Business Type: Institutions - Non-Profit
Charter Number: 01900061

Agent: KERRY MORRISON
Agent Address: 1880 VINE STREET SUITE 414 HOLLYWOOD, CA

Additional Company Background Information

Key Personnel

Principal(s): CHRISTOPHER V. BOWENRIGHT, PRES
FRANK STEPHAN, PRES
THADDEUS SMITH, PRES

Experian prides itself on the depth and accuracy of the data maintained on our databases. Reporting your customer's payment behavior to Experian will further strengthen and enhance the power of the information available for making sound credit decisions. Give credit where credit is due. Call 1-800-526-1221, option #4 for more information.

End of report

1 of 1 report

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State of California

1990061

SECRETARY OF STATE

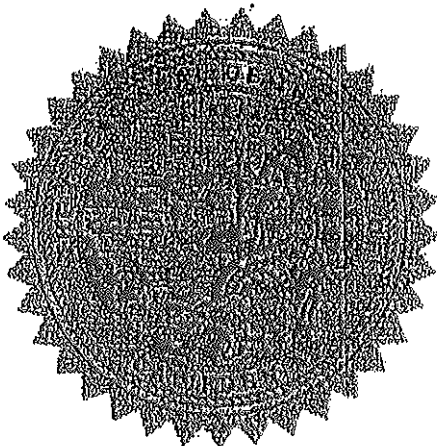
CORPORATION DIVISION

I, *BILL JONES*, Secretary of State of the State of California,
hereby certify:

That the annexed transcript has been compared with
the corporate record on file in this office, of which it
purports to be a copy, and that same is full, true and
correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

SEP 26 1996



Bill Jones

Secretary of State

ARTICLES OF INCORPORATION
OF

HOLLYWOOD ENTERTAINMENT DISTRICT PROPERTY OWNERS ASSOCIATION

FILED
in the office of the Secretary of State
of the State of California

SEP 25 1966

BILL JONES, Secretary of State

ARTICLE I

Name

The name of this corporation is:

HOLLYWOOD ENTERTAINMENT DISTRICT PROPERTY OWNERS ASSOCIATION

ARTICLE II

Purposes

A. This corporation is a nonprofit mutual benefit corporation organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under such law.

B. The specific and primary purpose for which this corporation is formed is to develop and restore the public areas of the historic core of Hollywood, California, in order to make it a more attractive and popular destination for tourists, shoppers, businesspeople and persons interested in culture and the arts.

ARTICLE III

Powers

This corporation shall have all the powers of a natural person, subject only to any limitations imposed by these articles of incorporation, the bylaws of this corporation and applicable law. Notwithstanding the preceding statement of powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

ARTICLE IV

Directors

The number of directors of this corporation shall be established by the bylaws of this corporation.

ARTICLE V

Members

The number and identification of the members of this corporation shall be established by the bylaws of this corporation.

ARTICLE VI

Restrictions

A. This corporation shall not make any distribution prohibited by Chapter 4 of Part 3 of Division 2 of Title 1 of the California Corporations Code.

B. No part of the net earnings or assets of this corporation shall ever inure to the benefit of any director, officer, or member of this corporation or to the benefit of any private individual whatsoever (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes).


ARTICLE VII

Initial Agent for Service of Process

The name in the State of California of this corporation's initial agent for service of process is:

Jeff Damavandi
7080 Hollywood Boulevard, Ste. 1109
Hollywood, CA 90028

DATED: 9/5/96, 1996.


Jeff Damavandi, Incorporator

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

The undersigned certify that:

1. They are the President and the Secretary, respectively, of HOLLYWOOD ENTERTAINMENT DISTRICT PROPERTY OWNERS ASSOCIATION.
2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is:

HOLLYWOOD PROPERTY OWNERS ALLIANCE.
3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: November 30, 2006


Monica Yamada, President


Jose Malagon, Secretary

HOLLYWOOD PROPERTY OWNERS ALLIANCE
HED 09-16 PETTY CASH ACCOUNT
1680 N VINE ST # 414
HOLLYWOOD, CA 90028

1061

18-1606/1220

DATE January 23, 2014

PAY
TO THE
ORDER OF

CHARLES DUNN RES Inc

\$ 50⁰⁰

Fifty dollars ⁰⁰/₁₀₀

DOLLARS



CITY NATIONAL
BANK

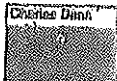
Entertainment Division
910-553-4262
400 N. Roxbury Dr.
Beverly Hills, CA 90210

#757

FOR PROCESSING fee - Cherokee lease

[Signature]

⑈001061⑈ ⑆122016066⑆ 123mL77200⑈



CHARLES DUNN
REAL ESTATE SERVICES, INC.
800 West Sixth Street, Sixth Floor
Los Angeles, California 90017-2708
213 683-0500
213 683-1551 FAX
www.charlesdunn.com

CHARLES DUNN COMPANY

CREDIT APPLICATION

Full name: HOLLYWOOD PROPERTY OWNERS ALLIANCE

Present Address: 1680 VINE ST., SUITE 414
LOS ANGELES, CA. 90028

Previous Address: _____

Drivers License #: _____

Social Security #: Federal ID# 95-4606651

Marital Status: _____

Date of Birth: _____

Location Applying For: 1718 N. CHEROKEE AVE., SUITE C
LOS ANGELES, CA. 90028

By my signature below, I am allowing the Charles Dunn Company to attain information on my credit history with the information above which I declare to be true and accurate.

[Signature]
Signature

January 22, 2014
Date

Executive Director,

Hollywood Property Owner Alliance

"Excellence in management through knowledge, dedication and teamwork"

PERSONAL FINANCIAL STATEMENT

INSTRUCTIONS:

- If you are married you may apply for separate or joint credit.
- If this financial statement is provided in connection with an application for joint credit with your spouse, include information about your spouse and have your spouse sign this form.
- If this financial statement is provided in connection with an application for joint credit with a person other than your spouse, that person should fill out and sign separate personal financial statement.

SEPARATE CREDIT: Please provide the information requested about your spouse if you are residing in a community property state such as California or you are relying on his or her income to repay the credit extended. If you are relying on income, this support or expense maintenance to repay the debt, please provide the information requested about your former spouse. If you are married and not separated, and unless you indicate otherwise, all stated income and assets will be presumed to be community property and all stated debts and obligations will be presumed liabilities of the community property.

TO CHARLES DUNN COMPANY		MARITAL STATUS		DEPENDENTS	
Name in Full		Social Security No.	Date of Birth	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	Number of Dependents
1680 VINE ST, SUITE 114, LA, CA, 90028		(323) 463-6767	N/A	<input type="checkbox"/> Dep.	4
Residence Address (No., Street, City, State, Zip Code)		Telephone & Ext.	Years of Education		
1680 VINE ST, SUITE 114, LA, CA, 90028		(323) 463-6767	N/A		
Previous Addresses if at above address less than 5 years		Address (No. and Street) City State and Zip			
1680 VINE ST, SUITE 114, LA, CA, 90028		N/A			
Employer		N/A			
Spouse's Information Section					
Spouse's Name		Social Security No.	Date of Birth	N/A	
N/A		N/A	N/A	N/A	
Spouse's Employer		N/A			

Financial Condition as of December 31, 2014

ASSETS		AMOUNT	LIABILITIES		AMOUNT
CASH	Bank (Name, Branch)		NOTES PAYABLE	Bank Name, Branch	
	Commercial Bank 7073	664,328.88	TO BANKS	Other (Name, Branch)	
	Other Banks		OTHER NOTES	Real Estate Loans (Schedule 1)	
	CNB 7154	57,830	AND	Auto Loans & Sec. Agmt (Schedule 4)	
	CNB 7081	57,220	ACCOUNTS PAYABLE	Liens on Life Insurance Policies (Schedule 4)	
STOCKS	Unpaid (Schedule 1)				
AND	Unpaid (Schedule 1)				
BONDS					
REAL ESTATE	Investments (Schedule 2)		TAXES PAYABLE	Current Year's Inc. Taxes Unpaid	
	Unpaid (Schedule 2)			Prior Year's Inc. Taxes Unpaid	
	Trusts, Bonds, and Mortgages (Schedule 3)			Real Estate Taxes Unpaid	
			OTHER LIABILITIES	Unpaid Interest	
				Debts (Name, Schedule 4)	
ACCOUNTS AND NOTES RECEIVABLE	Relatives and Friends (Schedule 4)				
	Collectible (Schedule 4)				
	Unpaid (Schedule 4)				
OTHER PERSONAL PROPERTY	Automobile				
	Other (Name, Schedule 4)				
TOTAL			TOTAL LIABILITIES		
ANNUAL INCOME			NET WORTH		175,378.88
			TOTAL		
ANNUAL EXPENDITURES			ANNUAL EXPENDITURES		
SALARY OR WAGES			PROPERTY TAXES AND ASSESSMENTS		
DIVIDENDS AND INTEREST			FEDERAL AND STATE INCOME TAXES		
RENTALS (Other)			REAL ESTATE LOAN PAYMENTS		
Business or Professional Income (Net)			PAYMENTS ON CONTRACTS AND OTHER NOTES		
OTHER INCOME (Residual) (Alimony, Child Support, Maintenance - reveal in your notes)			INSURANCE PREMIUMS		
			ESTIMATED LIVING EXPENSES		
			OTHER (Alimony, Child Support, Maintenance)		
TOTAL INCOME		\$3.4M	TOTAL EXPENDITURES		\$3.4M
LIFE INSURANCE	FACE AMOUNT		COMPANY		
	N/A				

Please complete the schedule on the reverse side

Dishes

Have your Income Tax Returns ever been questioned by the Internal Revenue Service? ALD If so, most recent year

SCHEDULE 1: LISTED AND UNLISTED STOCKS AND BONDS OWNED

(ATTACH ADDITIONAL SCHEDULE IF NECESSARY)

SCHEDULE I: LISTED AND UNLISTED STOCKS AND BONDS OWNED				
No. of Shares or Per Value	DESCRIPTION	ISSUED IN NAME OF	Joint Tenancy, Ten. In Common Common Property	MARKET VALUE
LISTED:	.			
	N/A		TOTAL LISTED	
UNLISTED:				
			TOTAL UNLISTED	

Are any of the above listed securities pledged to secure a debt?

SCHEDULE 2: REAL ESTATE OWNED

(DESIGNATE: ~~1=Improved~~, ~~U=Unimproved~~)

(ATTACH ADDITIONAL SCHEDULES IF NECESSARY)

Location or Description	Title In Name of	Date Acq'd.	Joint Tenancy Ten. In Common Ownr. Property	Cost	Present Value	Trust Debt, Mortgages or other Liens		
						Unpaid Bal.	Monthly Payments	Held By
N/A								
			TOTAL				XXXXXXXXXX	XXXXXXXXXX

SCHEDULE 3: TRUST DEEDS AND MORTGAGES OWNED

NAME OF PAYOR	Legal Desc., Street, Address, & Type of Improvements	Unpaid Balance	Joint Tenancy Ten. in Common Common Property	Terms	1st or 2nd Lien	Value of Property
	N/A.					
	TOTAL			XXXX	XXXXXX	

SCHEDULE 4: DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

This statement is furnished in connection with an application for credit and is to be regarded as confidential until another statement is substituted for it. If the undersigned, or any endorser or guarantor of the obligations of the undersigned, at any time becomes insolvent, or commits any act of bankruptcy, or dies, or if any writ of attachment, garnishment, execution or other legal process be taken against property of the undersigned, or if any endorsement for taxes against the undersigned, other than one real property, is made by the Federal or State Government, or any department thereof, or if any of the representations made above prove to be untrue, or if any undersigned fails to notify you of any material change in financial condition as given above, then and in either such case, all of the obligations of the undersigned to be held by you, either as borrower or guarantor, shall immediately become due and payable, without demand or notice. In consideration of the granting or renewing of any credit to the undersigned hereafter, the undersigned hereby waives the pleading of the statute of limitations as a defense to any obligation of the undersigned to you. I also authorize you to provide credit information arising out of transactions with you to others as may be reasonably requested.

I hereby certify that I have carefully read the above statement including the reverse side of and the instructions thereto, and that it is a complete, true and correct statement to the best of my knowledge and belief. Any financial information attached hereto is certified as correct and I hereby incorporate it by reference into this form of financial statement.

Date Signed _____

Jan 22, 2014

.200

(Sign Here)

Stop Here

Greg A. Thomas
Executive Director
Hollywood Propey
Owner Alliance

PROSPECTIVE LESSEE QUALIFICATIONS

Please complete in full and submit to:

CHARLES DUNN COMPANY
800 W. Sixth Street, 6th Floor
Los Angeles, California 90017
Telephone: (213) 683-0500
Facsimile: (213) 683-1551

This form does not obligate either party to the performance of a contract for leasehold property. It is solely for information and does not constitute an offer to lease property or any negotiation for such purpose.

PART I TENANT INFORMATION

Name: HOLLYWOOD PROPERTY OWNERS ALLIANCE
Driver's License #: N/A Social Security #: _____
Spouse's Name: N/A
Driver's License #: N/A Social Security #: N/A
BUSINESS Home Address: 1680 VINE ST, SUITE 414, LOS ANGELES, CA 90028
City, State, Zip: LOS ANGELES, CA 90028
BUSINESS Home Telephone Number: (323) 462-6767
Country of Citizenship: N/A
If not U.S.A., has application been made for U.S. Citizenship? N/A
Name of relative not residing in same residence: N/A
Address of same: N/A
Telephone Number of same: ()
How long have you lived at this address: 3
Are you renting? YES Name of Landlord: CLARK WEST
Landlord's Address: 1421
Landlord's Telephone Number: ()
If you are not renting, the name and address of your mortgage holder: _____

Telephone Number: (323) 832-1635 KERRY MORRISON, EXECUTIVE DIRECTOR
In case of emergency, name, address and telephone number of person to contact other than spouse: _____

PART II PAST AND CURRENT EMPLOYMENT

Present Business or Profession: BUSINESS IMPROVEMENT DISTRICT
Address: 1680 VINE ST, SUITE 414, LOS ANGELES, CA 90028
Telephone Number: (323) 462-6767 How long at present job? _____
Annual Salary _____ Other Income? _____ Source _____
Will this income continue? _____
If less than two years, please provide previous business or profession: _____

Address: _____
Telephone Number: () How long at job? _____
Annual Salary: _____
If you are now leasing or have leased another store within the past two years, please give the name and address of your landlord: _____

Telephone Number: ()
Name and telephone number of other officers or co-owners:

Telephone ()
Telephone ()
Telephone ()

Have you ever filed bankruptcy? NO If yes, explain: _____

PART III
PROPOSED BUSINESS INFORMATION

Which shopping center are you interested in leasing? SPACE 1718 N. CHAPMAN AVE, SUITE C, LOS ANGELES, CA. 90028

What kind of business do you propose to operate there? MAINTENANCE HEADQUARTERS

How will you operate your new business at the proposed location? Who will manage? How many employees will you have?

WE WILL BE UTILIZING THE SPACE AS A HEADQUARTERS AND STORAGE FACILITY FOR OUR CLEAN STREET MAINTENANCE TEAM. THE SPACE WILL BE MANAGED BY OUR SUPERVISOR GUS VARGAS. THERE ARE APPROXIMATELY 18 TOTAL EMPLOYEES THAT WILL USE THE SPACE ON A REVOLVING SCHEDULE.

What type of merchandise, food and/or services will you be providing at this location? If you plan to operate a restaurant, please provide a sample menu with prices. If you plan to operate a retail store, please list brand names and price ranges.

NONE OF THE ABOVE. ~~SEE PAGE 2~~

What improvements do you plan to make to the premises (fixtures, carpet, etc.) and at what cost? ASSUMING ALL IS IN GOOD WORKING ORDER, AS DISCUSSED, WE DO NOT PRESENTLY PLAN ON MAKING ANY OTHER IMPROVEMENTS.

Describe your anticipated start-up operating expenses and list amounts.

Tenant Improvements	<u>Paint</u>	\$	<u>500</u>
Inventory		\$	
Equipment	<u>shelves & furniture</u>	\$	<u>1,000</u>
Payroll		\$	
Insurance		\$	
Advertising		\$	
Other		\$	
TOTAL START-UP EXPENSES		\$	<u>\$1,500</u>

How will you pay for your start-up expenses? from our budget

What is your projected gross income for this location?

Year #1 N/A
Year #2 N/A
Year #3 N/A

Do you have any other comments or information which you feel the landlord should take into account in evaluating your proposed store or restaurant?

We are a non-profit organization, funded by all the property owners along Hollywood Blvd. We have a guaranteed annual income of \$3.4 million until 12/31/18.

This is a space to be utilized by the work force who does the following for the neighborhood:

Sweep streets, wash sidewalks, paint out graffiti, empty trash.

PART IV
FINANCIAL INFORMATION

Bank for non profit organization

Personal Bank: ~~Citibank~~ Citinational Bank Branch: Beverly Hills

Checking Account Number: _____

Savings Account Number: _____

Personal Credit References:

1). Name: Andrews International

Address: Po Box 935461

Telephone: (855) 275-8488

Account Number: _____

2). Name: Clean Street

Address: 1937 W. 169th St. Gardena 90247

Telephone: (310) 436-6510

Account Number: 5060

Business Credit References:

Name of the bank you use for your business: Citibank

Branch: Beverly Hills

Account Number: _____

Credit/Suppliers for your business:

Name: _____

Account Number: _____

Telephone (_____) _____

Contact: _____

Name: _____

Account Number: _____

Telephone (_____) _____

Contact: _____

Please complete the attached financial statement. If you have a different format which was prepared by your accountant that is fine. If you are signing the lease as a corporation, please include corporate information as well. In addition, please include copies of your last years' tax returns.

**HOLLYWOOD ENTERTAINMENT BUSINESS
IMPROVEMENT DISTRICT**

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

CONTENTS

	<u>Page</u>
INDEPENDENT ACCOUNTANTS' REVIEW REPORT	2
FINANCIAL STATEMENTS:	
Statement of Financial Position	3
Statements of Activities and Changes in Unrestricted Net Assets	4
Statement of Cash Flows	5
NOTES TO THE FINANCIAL STATEMENTS	6 - 10



Certified Public Accountants and Business Consultants

Member of American Institute of Certified Public Accountants and California Society of Public Accountants
Participant in Quality Review Program of AICPA

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

William
Tilley
CPA

To the Board of Directors

J. Pearse
Leonard
CPA

HOLLYWOOD PROPERTY OWNERS ALLIANCE

(Managing Entity for Hollywood Entertainment

Business Improvement District)

Hollywood, CA 90028

James T.
Chang
CPA

We have reviewed the accompanying statement of financial position of Hollywood Entertainment Business Improvement District (the "District") as of December 31, 2012, and the related statements of activities and changes in unrestricted net assets and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of District management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Fabio
Vasco
CPA

Manny
Gleicher
CPA
(Retired)

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

GTL, LLP

Certified Public Accountants

March 28, 2013

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2012

ASSETS

Current Assets:	
Cash and cash equivalents	\$ 759,810
Assessments receivable	170,390
Due from affiliate	20,202
Prepaid expenses	<u>16,109</u>
	966,511
Leasehold improvements, net (Note 3)	<u>15,735</u>
	<u>\$ 982,246</u>

LIABILITIES AND UNRESTRICTED NET ASSETS

Current Liabilities:	
Accounts payable	\$ 179,213
Commitment (Note 7)	-
Unrestricted Net Assets	<u>803,033</u>
	<u>\$ 982,246</u>

See accompanying independent accountants' review report and notes to financial statements

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT
STATEMENTS OF ACTIVITIES AND CHANGE IN UNRESTRICTED NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2012

Revenue:	
Property assessment income	\$ 3,510,376
Contract income-CHC	157,537
Grant income	5,000
Interest income	7,782
	<u>3,680,695</u>
Operating Expenses:	
Security	1,543,035
Maintenance	951,062
Marketing	42,742
Alley services	137,000
	<u>2,673,839</u>
General and Administrative Expenses:	
Accounting fees	51,104
Business meals	5,561
City fees	37,002
Dues and subscriptions	4,530
Insurance	54,274
Legal	12,000
Miscellaneous/contingency	10,389
Amortization	6,294
Minor office equipment	27,455
Office supplies	1,891
Payroll taxes	24,416
Rent	42,061
Salaries	353,384
Telephone	7,620
Temporary help/consulting	37,507
Travel	6,506
Contract expense-CHC	157,537
	<u>839,531</u>
	<u>3,513,370</u>
Increase in Unrestricted Net Assets	167,325
Unrestricted Net Assets, Beginning of Year	635,708
Unrestricted Net Assets, End of Year	<u>\$ 803,033</u>

See accompanying independent accountants' review report and notes to financial statements

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2012

Cash Flows from Operating Activities:	
Increase in unrestricted net assets	\$ 167,325
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:	
Amortization	6,294
Changes in operating assets and operating liabilities:	
Assessments receivable	190,029
Due from affiliate	15,110
Prepaid expenses	(4,017)
Accounts payable	<u>(14,033)</u>
Net cash provided by operating activities	<u>360,708</u>
Net Increase in Cash and Cash Equivalents	360,708
Cash and Cash Equivalents, Beginning of Year	<u>399,102</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 759,810</u></u>

See accompanying independent accountants' review report and notes to financial statements

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

(1) NATURE OF OPERATIONS

Hollywood Entertainment Business Improvement District (the "District") was first organized under the laws of the State of California as a business improvement district for an initial period of January 1, 1997 through December 31, 2001. The District has undergone several subsequent renewals, in accordance with state law and city guidelines. The District was most recently renewed for a period extending from January 1, 2009 through December 31, 2018. On September 3, 2008, the City of Los Angeles renewed its contract with the Hollywood Property Owners Alliance (the "HPOA") to continue to operate the District for the extended period through 2018. The primary purpose of the District is to manage programs, activities, grants, and contracts with the aim of promoting community revitalization efforts, quality of life, security, streetscape improvements, tourism, economic development and business interest for the benefit of owners of commercial properties in the District. The District generates its revenue from the assessments to property owners imposed and collected by the County of Los Angeles, transferred to the City of Los Angeles and remitted to the HPOA.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Financial Statement Presentation

The financial statements of the District have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The District is required to report information regarding its financial position and activities according to three (3) classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets - Includes assessment revenue, contributions, fundraising and other forms of unrestricted revenue and expenditures related to the general operations and fundraising efforts of the District.

Temporarily restricted net assets - Includes resources received that are temporarily restricted as to use by the donor or grantor. When the restriction expires, the net assets of this fund are reclassified to unrestricted net assets. The District has no temporarily restricted net assets.

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONT'D

(a) Financial Statement Presentation- Cont'd

Permanently restricted net assets - Includes assets that have been restricted by the donor in perpetuity and cannot be expended by the District. The District has no permanently restricted net assets.

(b) Cash and Cash Equivalents

The District considers all highly-liquid investments with an original maturity of three months or less to be cash equivalents. At December 31, 2012, there was a balance of \$763,222 in money market funds, which are considered to be cash equivalents.

(c) Equipment and Improvements

Equipment and improvements are capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value at the date of the donation. Such donations are reported as unrestricted, unless the donor has restricted the donated asset to a specific purpose, then it is reported as restricted. Depreciation/amortization is provided using the straight-line basis over estimated useful lives ranging from 3 to 5 years or the life of the lease.

(d) Impairment of Long-Lived Assets

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position. The District did not incur any impairment charges during the year ended December 31, 2012.

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONT'D

(e) Income Taxes

The District is managed by HPOA which is exempt from taxes under Section 501(c)(6) of the Internal Revenue Code ("IRC"), and from federal and state income taxes under Section 501(a) of the IRC and corresponding sections of the California Revenue and Taxation Code. Accordingly, no provision or benefit for federal or state income taxes is recorded in the accompanying financial statements.

The District's federal income tax returns for tax years 2009 and beyond remain subject to examination by the Internal Revenue Service. The returns for California, its only state jurisdiction, remain subject to examination by state taxing authorities for the tax years 2008 and beyond.

(f) Subsequent Events

The District has evaluated events subsequent to December 31, 2012, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through March 28, 2013, the date the financial statements were available to be issued. Based upon this evaluation, it was determined that no subsequent events occurred that require recognition or additional disclosure in the financial statements.

(g) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONT'D

(h) Concentration of Credit Risk

Financial instruments which potentially subject the District to a concentration of credit risk consists of cash equivalents and assessments receivable. The District generally places its cash and cash equivalents with high credit quality financial institutions. At times, such cash and cash equivalents may be in excess of the Federal Deposit Insurance Corporation (FDIC) insurance limit of \$250,000. Concentrations of credit risk with respect to assessments are limited since the District derives the majority of its revenue from the City of Los Angeles tax assessments.

(3) LEASEHOLD IMPROVEMENTS

Leasehold improvements, net at December 31, 2012 consists of the following:

Leasehold improvements	\$ 31,470
Accumulated amortization	<u>(15,735)</u>
	<u>\$ 15,735</u>

Amortization expense for the year ended December 31, 2012 was \$6,294

(4) MAJOR REVENUE SOURCE AND RELATED RECEIVABLE

For the year ended December 31, 2012, approximately 95% of the District's revenue was from the BID's assessments levied by the County of Los Angeles on the property tax bills amounting to \$3,510,376. At December 31, 2012, the amount due was \$170,390, which represents delinquent tax assessments from a combination of public and privately owned parcels. No allowance for uncollectible accounts is considered necessary as management believes the entire amount to be collectible.

HOLLYWOOD ENTERTAINMENT BUSINESS IMPROVEMENT DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

(5) MAJOR VENDORS

For the year ended December 31, 2012, approximately 44% and 27% of the District's operating purchases were from two major vendors amounting to \$2,494,000, approximately. At December 31, 2012, there was \$169,714 due to these two vendors, which is included in accounts payable in the Statement of Financial Position.

(6) DUE FROM AFFILIATE

Amounts due from affiliate relate to ordinary course of business transactions that take place between the District and HPOA, its managing entity. At December 31, 2012, the amounts due from affiliate was \$20,202. Reimbursement of these balances is routinely done shortly thereafter.

(7) COMMITMENT

The District has entered into a noncancelable lease for its office facilities which expires in June 30, 2015. Future minimum lease payments under this lease are as follows:

Year ending December 31,	Total	Amount allocated to CHC	Amount allocated to the District
2013	46,902	10,400	36,502
2014	48,312	10,400	37,912
2015	24,516	5,200	19,316
	<u>\$ 119,730</u>	<u>\$ 26,000</u>	<u>\$ 93,730</u>

Rent expense for the year ended December 31, 2012 totaled \$42,061, which includes parking, cleaning and janitorial monthly charges.

(8) LEGAL ASSERTION

At times claims, generally incidental to the conduct of normal business operations, are pending or threatened against the District. While ultimate liability, if any, is presumably indeterminable, in the opinion of management, the ultimate resolution will not have a materially adverse effect on the financial condition of the District.

2012 tax return

RBZ BUSINESS MANAGEMENT
11766 WILSHIRE BLVD., NINTH FLOOR
LOS ANGELES, CA 90025

JUNE 19, 2013

HOLLYWOOD PROPERTY OWNERS ALLIANCE
1680 N. VINE STREET NO. 414
HOLLYWOOD, CA 90028

DEAR KERRY:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.

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.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE DECEMBER 16, 2013.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$ 10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO: FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2012 FTB 3586" ON THE CHECK OR MONEY ORDER.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

RBZ BUSINESS MANAGEMENT

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

OMB No. 1545-0047

2012

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1680 N. VINE STREET

Room/suite
414

City, town, or post office, state, and ZIP code

HOLLYWOOD, CA 90028

F Name and address of principal officer: **KERRY MORRISON**
SAME AS C ABOVE

D Employer identification number

95-4606651

E Telephone number

(323) 463-6767

G Gross receipts \$ **3,691,536.**

H(a) Is this a group return

for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.HOLLYWOODBID.ORG**

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Year of formation: **1996** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PROGRAMS, SERVICES, & ACTIVITIES TO PROMOTE ONGOING REVITALIZATION OF THE DISTRICT.		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	24
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	5,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,498,815.	3,510,376.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,075.	7,810.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,550.	168,350.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,676,440.	3,691,536.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	397,235.	423,221.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,156,563.	3,099,187.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	3,553,798.	3,522,408.
	20 Total assets (Part X, line 16)	122,642.	169,128.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	936,631.	1,081,905.
		210,310.	186,456.
		726,321.	895,449.

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

Date

KERRY MORRISON, EXECUTIVE DIRECTOR

Type or print name and title

Paid

Print/Type preparer's name
KENNETH COELHO

Preparer's signature

Date

Check ☐ PTIN
if self-employed **P00444713**

Preparer

Firm's name **REZ, LLP**

Firm's EIN **95-3439541**

Use Only

Firm's address **11766 WILSHIRE BLVD., 9TH FLR
LOS ANGELES, CA 90025**

Phone no. **(310) 478-4148**

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 to any question in this Part III

☒

- 1 Briefly describe the organization's mission:

TO PROVIDE PROGRAMS, SERVICES, & ACTIVITIES TO PROMOTE ONGOING
REVITALIZATION OF THE DISTRICT.

- 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 ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$) Including grants of \$ (Revenue \$)

THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE AND PATROL THE DISTRICT.

4b (Code:) (Expenses \$) Including grants of \$ (Revenue \$)

THE ORGANIZATION CLEANED AND MAINTAINED THE STREETS AND BUILDINGS OF THE DISTRICT, INCLUDING THE REMOVAL OF GRAFFITI.

4c (Code:) (Expenses \$) Including grants of \$ (Revenue \$)

THE ORGANIZATION MADE STREETSCAPE IMPROVEMENTS TO THE DISTRICT BY REPAIRING, REPLACING, AND/OR ADDING FIXTURES, INCLUDING TREES, SIDEWALKS, TRASH CANS, BENCHES, SIGNS, AND LIGHTS.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$) Including grants of \$ (Revenue \$)

- 4e Total program service expenses

Form 990 (2012)

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

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	1a 12		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7c		
d If "Yes," indicate the number of Forms 8882 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

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 to any question in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
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.				
b Enter the number of voting members included in line 1a, above, who are independent		17		
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?		2		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?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		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?		7a		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?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?													
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:

KEN COELHO, C/O RBZ, LLP - (310)478-4148
11766 WILSHIRE BLVD, #900, LOS ANGELES, CA 90025-1586

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

Check if Schedule O contains a response to any question 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) FRANK STEPHAN DIRECTOR / PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(2) LYNDA BYBEE DIRECTOR / VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(3) DON NUSHIN DIRECTOR / SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) MONICA YAMADA DIRECTOR / TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) GREG BECK DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) CHRISTOPHER BONBRIGHT DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) CHARLIE COLLETTA DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) JOSEPH D'AMORE DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) MICHAEL GARGANO DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) DAVID GREEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) JOHN LYONS DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) JAN MARTIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) GALO MEDINA DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) DREW PLANTING DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) RON RADACHY DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) LEE RIERSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) THADDEUS HUNTER SMITH DIRECTOR	2.00 0.00	X						0.	0.	0.

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			
(18) MARK STEPHENSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) TEJ SUNDHER DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) JOHN TROWSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) KERRY MORRISON EXECUTIVE DIRECTOR	40.00 0.00			X				184,068.	0.	4,086.
(22) SARAH MACPHERSON BESLEY ASSOCIATE EXECUTIVE DIRECTOR	40.00 0.00			X				104,744.	0.	11,184.
1b Sub-total								288,812.	0.	15,270.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								288,812.	0.	15,270.

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**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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
ANDREWS INTERNATIONAL INC. PO BOX 935461, ATLANTA, GA 31193-5461 CLEAN STREET	SECURITY	1,484,024.
1937 WEST 169TH STREET, GARDENA, CA 90247	MAINTENANCE	1,035,018.

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 **2**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,000.		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		5,000.		
Program Service Revenue	2 a ASSESSMENT REVENUE	Business Code 900099	3,510,376.	3,510,376.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		3,510,376.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,810.		7,810.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a HPOA/CHC SERVICE AGREE	900099	160,000.	160,000.		
b HPOA CO-OP	900099	8,350.	8,350.		
c					
d All other revenue					
e Total. Add lines 11a-11d		168,350.			
12 Total revenue. See instructions.		3,691,536.	3,678,726.	0.	7,810.

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 to any question in this Part IX ☐

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	234,192.			
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	143,414.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,955.			
9 Other employee benefits	17,244.			
10 Payroll taxes	24,416.			
11 Fees for services (non-employees):				
a Management	12,000.			
b Legal	51,104.			
c Accounting				
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.)	28,556.			
12 Advertising and promotion	45,942.			
13 Office expenses	17,451.			
14 Information technology				
15 Royalties				
16 Occupancy	42,061.			
17 Travel	6,506.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	331.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,294.			
23 Insurance	28,170.			
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 SECURITY & MAINTENANCE	2,630,037.			
b CHC EXPENSES	157,537.			
c CITY FEES	37,002.			
d MISCELLANEOUS EXPENSE	10,003.			
e All other expenses	26,193.			
25 Total functional expenses. Add lines 1 through 24e	3,522,408.			
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 968-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	104,533.	1	49,242.
	2 Savings and temporary cash investments	399,787.	2	805,388.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	385,943.	4	183,184.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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)(3) 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	24,340.	9	28,357.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	31,469.		
	10b Less: accumulated depreciation	15,735.	10c	15,734.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 34)	936,631.	16	1,081,905.	
Liabilities	17 Accounts payable and accrued expenses	197,810.	17	186,456.
	18 Grants payable		18	
	19 Deferred revenue	12,500.	19	0.
	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	210,310.	26	186,456.
Net Assets or Fund Balances	27 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	726,321.	27	895,449.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 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	726,321.	33	895,449.
34 Total liabilities and net assets/fund balances	936,631.	34	1,081,905.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,691,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,522,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	169,128.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	726,321.
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	895,449.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2012)

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.

OMB No. 1545-0047

2012

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number

95-4606651

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(6) (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 Part I, line 2 of its Form 990-PF, 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) (2012)

Name of organization

Employer identification number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

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	DEPARTMENT OF WATER AND POWER P.O. BOX 51111 LOS ANGELES, CA 90051	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

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

Employer identification number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

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

(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

(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

(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

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. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number

95-4606651**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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?

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)?

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 d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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				
d Equipment		31,469.	15,735.	15,734.
e Other				15,734.

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

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements		1
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	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements		1
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	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information

Complete this part to 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 D (Form 990) 2012

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number
95-4606651

Part I Questions Regarding Compensation

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE EXECUTIVE DIRECTOR AND ASSOCIATE EXECUTIVE

DIRECTOR RECEIVED TOTAL COMPENSATION OF \$304,082 (FORM 990, PART VII, SECTION A, LINE 1B), OF WHICH \$234,192 (FORM 990, PART IX, LINE 5) WAS PAID

BY THE ORGANIZATION AND \$69,890 WAS REIMBURSED BY A THIRD PARTY FOR WHOM

THE ORGANIZATION HAS CONTRACTED TO PROVIDE MANAGEMENT AND ADMINISTRATIVE SERVICES.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number
95-4606651

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

THE ORGANIZATION CONDUCTED MARKETING CAMPAIGNS TO IMPROVE THE IMAGE AND
DESIRABILITY OF THE DISTRICT.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S ACCOUNTING FIRM
PREPARES THE FORM 990. A DRAFT OF THE FORM 990 IS THEN SENT TO THE
ORGANIZATION'S EXECUTIVE DIRECTOR FOR HER REVIEW AND APPROVAL. THE
EXECUTIVE DIRECTOR PROVIDES A COPY OF THE FORM 990 TO ALL BOARD MEMBERS,
THEN REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY AND GIVES THE
ACCOUNTING FIRM HER APPROVAL. THE ACCOUNTING FIRM PROCESSES THE FORM 990
AND SENDS IT TO THE EXECUTIVE DIRECTOR FOR HER SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S BYLAWS REQUIRE
BOARD MEMBERS TO DISCLOSE CONFLICTS; IT IS PART OF A DIRECTORS HANDBOOK
THAT IS DISTRIBUTED, SIGNED, AND ACKNOWLEDGED BY EACH BOARD MEMBER. THE
ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY ON A REGULAR AND CONSISTENT BASIS. THE ORGANIZATION HAS A
WHISTLEBLOWER POLICY AND ADOPTED A DOCUMENT RETENTION AND DESTRUCTION
POLICY IN DECEMBER 2012.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S AND KEY
EMPLOYEES' COMPENSATION ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
ON AN ANNUAL BASIS. THIS PROCESS INCLUDES REVIEW AND APPROVAL BY
INDEPENDENT PERSONS, THE USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number

95-4606651

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION REVIEWS AND CONSIDERS ALL REQUESTS BUT WILL MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY LAW ON A CASE-BY-CASE BASIS.

990, PART VII, SECTION A, LINE 1A:

THE EXECUTIVE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR RECEIVED TOTAL COMPENSATION OF \$304,082 (FORM 990, PART VII, SECTION A, LINE 1B), OF WHICH \$234,192 (FORM 990, PART IX, LINE 5) WAS PAID BY THE ORGANIZATION AND \$69,890 WAS REIMBURSED BY A THIRD PARTY FOR WHOM THE ORGANIZATION HAS CONTRACTED TO PROVIDE MANAGEMENT AND ADMINISTRATIVE SERVICES.

FORM 990 PAGE 10

50

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	LEASEHOLD IMPROVEMENTS TOTAL 990 PAGE 10 DEPR	070110SL		5.00	16	31,469.			31,469.	9,441.		6,294.
						31,469.		0.	31,469.	9,441.	0.	6,294.

228102
05-01-12

(D) - Asset disposed

Cost, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

25.1

Depreciation and Amortization 990
(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

HOLLYWOOD PROPERTY OWNERS ALLIANCE

FORM 990 PAGE 10

95-4606651

Part I Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,294.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,294.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V. Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (e) through (i) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25
26 Property used more than 50% in a qualified business use:							
		%					
		%					
		%					
27 Property used 50% or less in a qualified business use:							
		%			S/L		
		%			S/L		
		%			S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28
29 Add amounts in column (i), line 28. Enter here and on line 7, page 1							29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year:					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- 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. HOLLYWOOD PROPERTY OWNERS ALLIANCE	Employer identification number (EIN) or 95-4606651
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. 1680 N. VINE STREET, NO. 414	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOLLYWOOD, CA 90028	

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	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

KEN COELHO, C/O RBZ, LLP

- The books are in the care of ► **11766 WILSHIRE BLVD, #900 - LOS ANGELES, CA 90025-1586**
Telephone No. ► **(310) 478-4148** 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 **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2012** or
► tax year beginning , and ending

- 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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 2012

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

Name and title of officer

KERRY MORRISON

EXECUTIVE DIRECTOR

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	3691536
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 2012 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 RBZ, LLP

ERO firm name

to enter my PIN 90025

Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2012 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 2012 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.

95292111766

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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

LHA For Paperwork Reduction Act Notice, see Instructions.
223051
11-05-12

Form 8879-EO (2012)

TAXABLE YEAR
2012

California Exempt Organization Annual Information Return

226041 12-18-12
FORM
199

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year
Corporation/Organization Name

HOLLYWOOD PROPERTY OWNERS ALLIANCE

1990061

Address (suite, room, or PMB no.)

1680 N. VINE STREET, NO. 414

FED

95-4606651

City

HOLLYWOOD

State

CA

ZIP Code

90028

- A First Return ☐ Yes ☒ No
- B Amended Return ☐ Yes ☒ No
- C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D Final Return?
- ☐ Dissolved • ☐ Surrendered (Withdrawn)
- ☐ Merged/Reorganized Enter date: _____
- E Check accounting method:
- (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F Federal return filed?
- (1) ☐ 990T (2) ☐ 990(PF) (3) ☐ Sch H (990)
- G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
- If "Yes," attach a roster. See instructions
- H Is this organization in a group exemption? ☐ Yes ☒ 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? ☐ Yes ☒ No
- If "Yes," explain, and attach copies of revised documents.

- 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)? ☐ Yes ☒ No
- If "Yes," complete and attach form FTB 3509.
- K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ 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. ☐ Yes ☒ No
- M Is the organization a Limited Liability Company? ☐ Yes ☒ No
- N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ 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	3,686,536.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	5,000.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	3,691,536.00
	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	3,691,536.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,522,408.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	169,128.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	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	10.00

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 **EXECUTIVE DIRE** Title Date

Preparer's signature _____ Date _____ Check if self-employed ☐

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **RBZ, LLP**
11766 WILSHIRE BLVD., 9TH FLR
LOS ANGELES, CA 90025

Telephone (323) 463-6767
PTIN P00444713
FEIN 95-3439541
Telephone (310) 478-4148

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

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

228951 12-16-12

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	7,810.00
	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 SEE STATEMENT 2	7	3,678,726.00
	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	3,686,536.00
	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	234,192.00
	12	Other salaries and wages	12	143,414.00
	13	Interest	13	331.00
	14	Taxes	14	24,416.00
	15	Rents	15	42,061.00
	16	Depreciation and depletion (See instructions)	16	6,294.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	3,071,700.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	3,522,408.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			504,320.		854,630.
2 Net accounts receivable			385,943.		183,184.
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		31,469.		31,469.	
b Less accumulated depreciation		(9,441.)	22,028.	(15,735.)	15,734.
11 Land					
12 Other assets STMT 5			24,340.		28,357.
13 Total assets			936,631.		1,081,905.
Liabilities and net worth					
14 Accounts payable			197,810.		186,456.
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable					
17 Mortgages payable					
18 Other liabilities STMT 6			12,500.		
19 Capital stock or principle fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund			726,321.		895,449.
22 Total liabilities and net worth			936,631.		1,081,905.

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	169,128.	7 Income recorded on books this year not included in this return.	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	169,128.
6 Total. Add line 1 through line 5	169,128.		

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEPARTMENT OF WATER AND POWER	P.O. BOX 51111 LOS ANGELES, CA 90051	05/30/12	5,000.
TOTAL INCLUDED ON LINE 3			5,000.

FORM 199	OTHER INCOME	STATEMENT 2
----------	--------------	-------------

DESCRIPTION	AMOUNT
HPOA/CHC SERVICE AGREEMENT	160,000.
HPOA CO-OP	8,350.
ASSESSMENT REVENUE	3,510,376.
TOTAL TO FORM 199, PART II, LINE 7	3,678,726.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FRANK STEPHAN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / PRESIDENT 2.00	0.
LYNDA BYBEE 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / VICE PRESIDENT 2.00	0.
DON MUSHIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / SECRETARY 2.00	0.
MONICA YAMADA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / TREASURER 2.00	0.
GREG BECK 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
CHRISTOPHER BONBRIGHT 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
CHARLIE COLLETTA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JOSEPH D'AMORE 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
MICHAEL GARGANO 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
DAVID GREEN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JOHN LYONS 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

JAN MARTIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
GALO MEDINA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
DREW PLANTING 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
RON RADACHY 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
LEE RIERSON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
THADDEUS HUNTER SMITH 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
MARK STEPHENSON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
TEJ SUNDHER 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JOHN TRONSON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
KERRY MORRISON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	EXECUTIVE DIRECTOR 40.00	143,807.
SARAH MACPHERSON BESLEY 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	ASSOCIATE EXECUTIVE DIRECT 40.00	90,385.

TOTAL TO FORM 199, PART II, LINE 11

234,192.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
SECURITY & MAINTENANCE		2,630,037.	
CHC EXPENSES		157,537.	
CITY FEES		37,002.	
MISCELLANEOUS EXPENSE		10,003.	
PENSION PLAN CONTRIBUTIONS		3,955.	
OTHER EMPLOYEE BENEFITS		17,244.	
LEGAL FEES		12,000.	
ACCOUNTING FEES		51,104.	
OTHER PROFESSIONAL FEES		28,556.	
ADVERTISING AND PROMOTION		45,942.	
OFFICE EXPENSES		17,451.	
TRAVEL		6,506.	
INSURANCE		28,170.	
ALL OTHER EXPENSES		26,193.	
TOTAL TO FORM 199, PART II, LINE 17		3,071,700.	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	24,340.	28,357.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,340.	28,357.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	12,500.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	12,500.	0.	

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	726,321.	895,449.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	726,321.	895,449.	

2012

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-4606651

Corporation name

California corporation number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

1990061

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 30 LEASEHOLD IMPROVEMENTS	07/01/10	31,469.	9,441.	SL	5.00	6,294.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						6,294.	

Part III Summary

16 Total. If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	6,294.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	6,294.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN
WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the
"Franchise Tax Board." Write the corporation number or FEIN and
"2012 FTB 3586" on the check or money order. Detach voucher
below. Enclose, but do not staple, payment with voucher and
mail to:

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

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

WHEN TO FILE:

**Fiscal Year - See instructions.
Calendar Year - File and Pay by March 15, 2013.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty
is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses.
After a one-time online registration, corporations can make an immediate
payment or schedule payments up to a year in advance. Go to ftb.ca.gov
for more information.

299035
12-18-12

----- DETACH HERE ----- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment Voucher for Corps**
2012 **and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

1990061 HOLL 95-4606651
TYB 01-01-12 TYE 12-31-12

12 FORM 3

HOLLYWOOD PROPERTY OWNERS ALLIANCE
1680 N VINE STREET NO 414
HOLLYWOOD CA 90028

(323) 463-6767

Total Payment Amt 10.

022

6181126

FTB 3586 2012

Date Accepted _____

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR

2012

California e-file Return Authorization for
Exempt Organizations

FORM

8453-EO

Exempt Organization name HOLLYWOOD PROPERTY OWNERS ALLIANCE	Identifying number 95-4606651
---	---

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,691,536.00
2	Total gross income (Form 199, line 8)	2	3,691,536.00
3	Total expenses and disbursements (Form 199, line 9)	3	3,522,408.00

Part II Settle Your Account Electronically for Taxable Year 2012

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 2012 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

Signature of Officer

Date

EXECUTIVE DIRECTOR

Title

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. 1346, 2012 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	FEIN	ZIP Code		
	RBZ, LLP 11766 WILSHIRE BLVD., 9TH FL LOS ANGELES, CA	95-3439541	90025		

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	FEIN	ZIP Code	
	RBZ, LLP 11766 WILSHIRE BLVD., 9TH FLR LOS ANGELES, CA	95-3439541	90025	

For Privacy Notice, get form FTB 1131.

FTB 8453-EO 2012

TAXABLE YEAR

2011

California Exempt Organization Annual Information Return

120941 12-16-11

FORM

199

Calendar Year 2011 or fiscal year beginning month

day year

, and ending month

day year

Corporation/Organization name

California corporation number

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Address (suite, room, or PMB no.)

1680 N. VINE STREET, NO. 414

City

HOLLYWOOD

State

CA

ZIP Code

90028

FEIN

95-4606651

CLIENT'S COPY

- A First Return ☐ Yes ☒ No
- B Amended Return ☐ Yes ☒ No
- C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D Final Return ☐ Yes ☒ No
- ☐ Dissolved • ☐ Surrendered (Withdrawn)
- ☐ Merged/Reorganized Enter date: _____
- E Check accounting method:
(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F Federal return filed?
(1) ☐ 990T (2) ☐ 990(PF) (3) ☐ Sch H (990)
- G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
If "Yes," attach a roster. See instructions
- H Is this organization in a group exemption? ☐ Yes ☒ 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? ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

- 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)? ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.
- K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ 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. ☐ Yes ☒ No
- M Is the organization a Limited Liability Company? ☐ Yes ☒ No
- N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ 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	3,677,192.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	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 \$25,000, see General Instruction B	4	3,677,192.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	752.00
	7	Total costs. Add line 5 and line 6	7	752.00
	8	Total gross income. Subtract line 7 from line 4	8	3,676,440.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,553,798.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	122,642.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	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	10.00

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

Title

EXECUTIVE DIR

Date

Date

8.13.12

Check if

self-employed ☐

• Telephone

(323) 463-6767

• PTIN

P00444713

• FEIN

95-3439541

• Telephone

(310) 478-4148

Paid

Preparer's
Use Only

Firm's name

(or yours, if self-

employed)

and address

RBZ, LLP

11755 WILSHIRE BLVD, #900

LOS ANGELES, CA 90025

May the FTB discuss this return with the preparer shown above? See instructions

• ☒ Yes• ☐ No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete
Part II or furnish substitute information. See Specific Line Instructions.

128651 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	9,827.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 1	6	0.00
	7	Other income SEE STATEMENT 2	7	3,667,365.00
	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	3,677,192.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	143,958.00
	12	Other salaries and wages	12	197,638.00
	13	Interest	13	2,022.00
	14	Taxes	14	23,571.00
	15	Rents	15	37,141.00
	16	Depreciation and depletion (See instructions)	16	6,294.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	3,143,174.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	3,553,798.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		545,943.		504,320.	
2 Net accounts receivable		234,108.		385,943.	
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	54,689.		31,469.		
b Less accumulated depreciation	(25,615.)	29,074.	(9,441.)	22,028.	
11 Land					
12 Other assets STMT 5		24,340.		24,340.	
13 Total assets		833,465.		936,631.	
Liabilities and net worth					
14 Accounts payable		225,535.		197,810.	
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable					
17 Mortgages payable					
18 Other liabilities STMT 6		4,251.		12,500.	
19 Capital stock or principle fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund		603,679.		726,321.	
22 Total liabilities and net worth		833,465.		936,631.	

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 \$25,000

1 Net income per books	122,642.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	122,642.
5 Expenses recorded on books this year not deducted in this return			
6 Total	122,642.		
Add line 1 through line 5			

FORM 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT - ABANDONED	01/01/97	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,710.	3,710.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT - ABANDONED	01/01/97	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	541.	541.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT - ABANDONED	02/04/97	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	400.	400.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT - ABANDONED	03/11/97	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	108.	108.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT - ABANDONED	03/18/97	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	400.	400.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	03/20/97	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
216.	216.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/07/97	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
757.	757.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	02/24/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
483.	483.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	03/25/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
262.	262.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	06/23/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
55.	55.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/21/99	01/01/11	PURCHASED
COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
58.	58.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	10/27/99	01/01/11	PURCHASED
COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
516.	516.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/01/00	01/01/11	PURCHASED
COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
442.	442.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	01/01/97	01/01/11	PURCHASED
COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
249.	249.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	02/24/99	01/01/11	PURCHASED
COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
30.	30.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	04/23/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
61.	61.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	07/01/01	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,261.	1,138.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	02/24/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,242.	1,242.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	03/25/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
673.	673.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	06/23/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
140.	140.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/21/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
148.	148.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	10/27/99	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,328.	1,328.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/01/00	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,137.	1,137.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE - ABANDONED	02/24/99	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	78.	78.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE - ABANDONED	04/23/99	01/01/11	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	156.	156.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	07/01/01	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
3,153.	2,845.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE - ABANDONED	07/01/02	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,938.	1,806.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/01/02	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
2,250.	2,120.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT - ABANDONED	07/01/03	01/01/11	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1,428.	1,369.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	23,220.	22,468.	0.	0.
---------------------------------	---------	---------	----	----

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
HPOA/CHC SERVICE AGREEMENT		160,000.	
MARKETING CO-OP		8,550.	
ASSESSMENT REVENUE		3,498,815.	
TOTAL TO FORM 199, PART II, LINE 7		3,667,365.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
FRANK STEPHAN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / PRESIDENT 2.00	0.	
LYNDA BYBEE 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / VICE PRESIDENT 2.00	0.	
DON MUSHIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / SECRETARY 2.00	0.	
MONICA YAMADA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / TREASURER 2.00	0.	
GREG ANGELO 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.	
GREG BECK 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.	
CHRISTOPHER BONBRIGHT 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.	
JEFFREY COHEN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.	

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

CHARLIE COLLETTA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
MICHAEL GARGANO 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
TOM GOFFIGON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
DAVID GREEN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
NATHAN KORMAN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JOHN LYONS 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JAN MARTIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
JIM MCPARTLIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
GALO MEDINA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
LOUIS PELLICCIA 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
RON RADACHY 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
THADDEUS HUNTER SMITH 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.
TEJ SUNDHER 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR 2.00	0.

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

JOHN TRONSON
1680 N. VINE STREET, NO. 414
HOLLYWOOD, CA 90028

DIRECTOR
2.00

0.

KERRY MORRISON
1680 N. VINE STREET, NO. 414
HOLLYWOOD, CA 90028

EXECUTIVE DIRECTOR
40.00

192,794.

TOTAL TO FORM 199, PART II, LINE 11

192,794.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
SECURITY & MAINTENANCE	2,670,651.
CHC EXPENSES	158,251.
CITY FEES	35,022.
CONTINGENCY FEES	33,340.
PENSION PLAN CONTRIBUTIONS	6,622.
OTHER EMPLOYEE BENEFITS	25,446.
LEGAL FEES	6,000.
ACCOUNTING FEES	50,003.
OTHER PROFESSIONAL FEES	40,975.
ADVERTISING AND PROMOTION	52,918.
OFFICE EXPENSES	15,795.
TRAVEL	4,577.
INSURANCE	23,965.
ALL OTHER EXPENSES	19,609.
TOTAL TO FORM 199, PART II, LINE 17	3,143,174.

FORM 199	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	24,340.	24,340.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,340.	24,340.

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PENSION CONTRIBUTIONS PAYABLE	4,251.	0.	
DEFERRED REVENUE	0.	12,500.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	4,251.	12,500.	

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	603,679.	726,321.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	603,679.	726,321.	

TAXABLE YEAR
2011

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-4606651

Corporation name

California corporation number

1990061

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 8		54,689.	25,615.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.						6,294.	
See Instructions for line 14, column (h)							

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	6,294.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	6,294.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

CA 3885

DEPRECIATION

STATEMENT 8

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 EQUIPMENT (PHASE 1)	01/01/97	3,710.	3,710.	200DB	5.00	0.	
2 EQUIPMENT (PHASE 1)	01/01/97	541.	541.	200DB	5.00	0.	
3 EQUIPMENT (PHASE 1)	02/04/97	400.	400.	200DB	5.00	0.	
4 EQUIPMENT (PHASE 1)	03/11/97	108.	108.	200DB	5.00	0.	
5 EQUIPMENT (PHASE 1)	03/18/97	400.	400.	200DB	5.00	0.	
6 EQUIPMENT (PHASE 1)	03/20/97	216.	216.	200DB	5.00	0.	
7 EQUIPMENT (PHASE 1)	07/07/97	757.	757.	200DB	5.00	0.	
8 EQUIPMENT (PHASE 1)	02/24/99	483.	483.	200DB	5.00	0.	
9 EQUIPMENT (PHASE 1)	03/25/99	262.	262.	200DB	5.00	0.	
10 EQUIPMENT (PHASE 1)	06/23/99	55.	55.	200DB	5.00	0.	
11 EQUIPMENT (PHASE 1)	07/21/99	58.	58.	200DB	5.00	0.	
12 EQUIPMENT (PHASE 1)	10/27/99	516.	516.	200DB	5.00	0.	
13 EQUIPMENT (PHASE 1)	07/01/00	442.	442.	200DB	5.00	0.	
14 FURNITURE (PHASE 1)	01/01/97	249.	249.	200DB	7.00	0.	
15 FURNITURE (PHASE 1)	02/24/99	30.	30.	200DB	7.00	0.	
16 FURNITURE (PHASE 1)	04/23/99	61.	61.	200DB	7.00	0.	
17 FURNITURE (PHASE 1)	07/01/01	1,261.	1,138.	200DB	7.00	0.	
18 EQUIPMENT (PHASE 2)	02/24/99	1,242.	1,242.	200DB	5.00	0.	
19 EQUIPMENT (PHASE 2)	03/25/99	673.	673.	200DB	5.00	0.	
20 EQUIPMENT (PHASE 2)	06/23/99	140.	140.	200DB	5.00	0.	
21 EQUIPMENT (PHASE 2)	07/21/99	148.	148.	200DB	5.00	0.	
22 EQUIPMENT (PHASE 2)	10/27/99	1,328.	1,328.	200DB	5.00	0.	
23 EQUIPMENT (PHASE 2)	07/01/00	1,137.	1,137.	200DB	5.00	0.	

HOLLYWOOD PROPERTY OWNERS ALLIANCE

95-4606651

24 FURNITURE (PHASE 2)					
02/24/99	78.	78.	200DB	7.00	0.
25 FURNITURE (PHASE 2)					
04/23/99	156.	156.	200DB	7.00	0.
26 FURNITURE (PHASE 2)					
07/01/01	3,153.	2,845.	200DB	7.00	0.
27 FURNITURE (HED 02-03)					
07/01/02	1,938.	1,806.	200DB	7.00	0.
28 EQUIPMENT (HED 02-03)					
07/01/02	2,250.	2,120.	200DB	5.00	0.
29 EQUIPMENT (HED 02-03)					
07/01/03	1,428.	1,369.	200DB	5.00	0.
30 LEASEHOLD IMPROVEMENTS					
07/01/10	31,469.	3,147.	SL	5.00	6,294.
TOTAL DEPR TO FORM 3885	54,689.	25,615.			6,294.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**HOLLYWOOD PROPERTY OWNERS ALLIANCE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1680 N. VINE STREET

Room/suite

414

City or town, state or country, and ZIP + 4

HOLLYWOOD, CA 90028F Name and address of principal officer: **KERRY MORRISON**
SAME AS C ABOVE**D** Employer identification number**95-4606651****E** Telephone number**(323) 463-6767****G** Gross receipts \$**3,677,192.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(6) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HOLLYWOODPID.ORG****K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶**L** Year of formation: **1996** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PROGRAMS, SERVICES, & ACTIVITIES TO PROMOTE ONGOING REVITALIZATION OF THE DISTRICT.		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	26
Revenue	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.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,000.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	3,444,308.	3,498,815.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,437.	9,075.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,350.	168,550.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,641,095.	3,676,440.
	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)	380,241.	397,235.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,060,681.	3,156,563.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,440,922.	3,553,798.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	200,173.	122,642.
	20 Total assets (Part X, line 16)	Beginning of Current Year 833,465.	End of Year 936,631.
	21 Total liabilities (Part X, line 26)	229,786.	210,310.
	22 Net assets or fund balances. Subtract line 21 from line 20	603,679.	726,321.

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

Date

KERRY MORRISON, EXECUTIVE DIRECTOR

Type or print name and title

Paid

Print/Type preparer's name

KENNETH C. COELHO, CPA

Preparer's signature

Date

6.13.12Check if self-employed ☐

PTIN

P00444713

Preparer

Firm's name ▶ **RBZ, LLP**

Firm's EIN ▶

95-3439541

Use Only

Firm's address ▶ **11755 WILSHIRE BLVD., #900**
LOS ANGELES, CA 90025Phone no. **(310) 478-4148**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

182001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission:

**TO PROVIDE PROGRAMS, SERVICES, & ACTIVITIES TO PROMOTE ONGOING
REVITALIZATION OF THE DISTRICT.**

- 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 ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$) Including grants of \$ (Revenue \$)
**DURING 2011, THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE
AND PATROL THE DISTRICT.**

4b (Code:) (Expenses \$) Including grants of \$ (Revenue \$)
**THE ORGANIZATION CLEANED AND MAINTAINED THE STREETS AND BUILDINGS OF
THE DISTRICT, INCLUDING THE REMOVAL OF GRAFFITI.**

4c (Code:) (Expenses \$) Including grants of \$ (Revenue \$)
**THE ORGANIZATION MADE STREETSCAPE IMPROVEMENTS TO THE DISTRICT BY
REPAIRING, REPLACING, AND/OR ADDING FIXTURES, INCLUDING TREES,
SIDEWALKS, TRASH CANS, BENCHES, SIGNS, AND LIGHTS.**

- 4d Other program services (Describe in Schedule O.)

(Expenses \$) Including grants of \$ (Revenue \$)

- 4e Total program service expenses

Form 990 (2011)

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

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2011)

Check if Schedule O contains a response to any question in this Part V

Form 990 (2011)

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 to any question 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 1a 22		
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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 22		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		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? 7a		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? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		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? 10a		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? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	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 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	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? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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

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: **KEN COELHO - (310) 478-4148**
11755 WILSHIRE BLVD, #900, LOS ANGELES, CA 90025-1586

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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) FRANK STEPHAN DIRECTOR / PRESIDENT	2.00	X		X				0.	0.	0.
(2) LYNDY BYBEE DIRECTOR / VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) DON MUSHIN DIRECTOR / SECRETARY	2.00	X		X				0.	0.	0.
(4) MONICA YAMADA DIRECTOR / TREASURER	2.00	X		X				0.	0.	0.
(5) GREG ANGELO DIRECTOR	2.00	X						0.	0.	0.
(6) GREG BECK DIRECTOR	2.00	X						0.	0.	0.
(7) CHRISTOPHER BONBRIGHT DIRECTOR	2.00	X						0.	0.	0.
(8) JEFFREY COHEN DIRECTOR	2.00	X						0.	0.	0.
(9) CHARLIE COLLETTA DIRECTOR	2.00	X						0.	0.	0.
(10) MICHAEL GARGANO DIRECTOR	2.00	X						0.	0.	0.
(11) TOM GOFFIGON DIRECTOR	2.00	X						0.	0.	0.
(12) DAVID GREEN DIRECTOR	2.00	X						0.	0.	0.
(13) NATHAN KORMAN DIRECTOR	2.00	X						0.	0.	0.
(14) JOHN LYONS DIRECTOR	2.00	X						0.	0.	0.
(15) JAN MARTIN DIRECTOR	2.00	X						0.	0.	0.
(16) JIM MCPARTLIN DIRECTOR	2.00	X						0.	0.	0.
(17) GALO MEDINA DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) LOUIS PELLICCIA DIRECTOR	2.00	X						0.	0.	0.
(19) RON RADACHY DIRECTOR	2.00	X						0.	0.	0.
(20) THADDEUS HUNTER SMITH DIRECTOR	2.00	X						0.	0.	0.
(21) TEJ SUNDHER DIRECTOR	2.00	X						0.	0.	0.
(22) JOHN TRONSON DIRECTOR	2.00	X						0.	0.	0.
(23) KERRY MORRISON EXECUTIVE DIRECTOR	40.00			X				187,068.	0.	4,237.
1b Sub-total								187,068.	0.	4,237.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								187,068.	0.	4,237.

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 **1**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **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? If "Yes," complete Schedule J for such individual **4** **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? If "Yes," complete Schedule J for such person **5** **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
ANDREWS INTERNATIONAL INC. 455 N. MOSS STREET, BURBANK, CA 91502	SECURITY	1,519,252.
CLEAN STREET 1937 WEST 169TH STREET, GARDENA, CA 90247	MAINTENANCE	1,013,809.

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 **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a ASSESSMENT REVENUE	Business Code 900099	3,498,815.	3,498,815.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,498,815.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,827.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses			752.			
c Gain or (loss)			<752.>			<752.>
d Net gain or (loss)			<752.>			<752.>
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a HPOA/CHC SERVICE AGREE	900099	160,000.	160,000.			
b MARKETING CO-OP	900099	8,550.	8,550.			
c						
d All other revenue						
e Total. Add lines 11a-11d		168,550.				
12 Total revenue. See instructions.		3,676,440.	3,667,365.	0.	9,075.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

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	143,958.			
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	197,638.			
8 Pension plan accruals and contributions (include section 401(k) and section 408(p) employer contributions)	6,622.			
9 Other employee benefits	25,446.			
10 Payroll taxes	23,571.			
11 Fees for services (non-employees):				
a Management	6,000.			
b Legal	50,003.			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	40,975.			
12 Advertising and promotion	52,918.			
13 Office expenses	15,795.			
14 Information technology				
15 Royalties				
16 Occupancy	37,141.			
17 Travel	4,577.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,022.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,294.			
23 Insurance	23,965.			
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 SECURITY & MAINTENANCE	2,670,651.			
b CHC EXPENSES	158,251.			
c CITY FEES	35,022.			
d CONTINGENCY FEES	33,340.			
e All other expenses	19,609.			
25 Total functional expenses. Add lines 1 through 24e	3,553,798.			
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	77,873.	1	104,533.
	2 Savings and temporary cash investments	468,070.	2	399,787.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	234,108.	4	385,943.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,340.	9	24,340.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,469.		
	b Less: accumulated depreciation	10b 9,441.		
		29,074.	10c	22,028.
	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		
16 Total assets. Add lines 1 through 15 (must equal line 34)	833,465.	16	936,631.	
Liabilities	17 Accounts payable and accrued expenses	225,535.	17	197,810.
	18 Grants payable		18	
	19 Deferred revenue		19	12,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	4,251.	25	0.
	26 Total liabilities. Add lines 17 through 25	229,786.	26	210,310.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		603,679.	27	726,321.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, 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		603,679.	33	726,321.
34 Total liabilities and net assets/fund balances	833,465.	34	936,631.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,676,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,553,798.
3	Revenue less expenses. Subtract line 2 from line 1	3	122,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	603,679.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	726,321.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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?	X	
b Were the organization's financial statements audited by an independent accountant?		X
c 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
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number

95-4606651

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 XIV, 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 XIV, 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 XIV.

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 XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

☐ Yes ☐ No

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

b If "Yes," explain the arrangement in Part XIV.

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?

Part VI Land, Buildings, and Equipment. 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				
d Equipment				
e Other		31,469.	9,441.	22,028.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,028.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1
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 XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1
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 XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number
95-4606651

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2011

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	(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 KERRY MORRISON	(i) 170,568. (ii) 0.	16,500. 0.	0. 0.	4,237. 0.	0. 0.	191,305. 0.	0. 0.
2	(i) (ii) (iii)	 	 	 	 	 	
3	(i) (ii) (iii)	 	 	 	 	 	
4	(i) (ii) (iii)	 	 	 	 	 	
5	(i) (ii) (iii)	 	 	 	 	 	
6	(i) (ii) (iii)	 	 	 	 	 	
7	(i) (ii) (iii)	 	 	 	 	 	
8	(i) (ii) (iii)	 	 	 	 	 	
9	(i) (ii) (iii)	 	 	 	 	 	
10	(i) (ii) (iii)	 	 	 	 	 	
11	(i) (ii) (iii)	 	 	 	 	 	
12	(i) (ii) (iii)	 	 	 	 	 	
13	(i) (ii) (iii)	 	 	 	 	 	
14	(i) (ii) (iii)	 	 	 	 	 	
15	(i) (ii) (iii)	 	 	 	 	 	
16	(i) (ii) (iii)	 	 	 	 	 	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 5c, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE EXECUTIVE DIRECTOR RECEIVED TOTAL WAGES OF
\$187,068, OF WHICH \$139,720 WAS PAID BY THE ORGANIZATION AND \$47,348 (FORM
990, PART IX, LINE 5) WAS REIMBURSED BY A THIRD PARTY FOR WHOM THE
ORGANIZATION HAS CONTRACTED TO PROVIDE MANAGEMENT AND ADMINISTRATIVE
SERVICES.

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number
95-4606651

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

THE ORGANIZATION CONDUCTED MARKETING CAMPAIGNS TO IMPROVE THE IMAGE AND
DESIRABILITY OF THE DISTRICT.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S ACCOUNTING FIRM
PREPARES THE FORM 990. A DRAFT OF THE FORM 990 IS THEN SENT TO THE
ORGANIZATION'S EXECUTIVE DIRECTOR FOR HER REVIEW AND APPROVAL. THE
EXECUTIVE DIRECTOR PROVIDES A COPY OF THE FORM 990 TO ALL BOARD MEMBERS,
THEN REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY AND GIVES THE
ACCOUNTING FIRM HER APPROVAL. THE ACCOUNTING FIRM PROCESSES THE FORM 990
AND SENDS IT TO THE EXECUTIVE DIRECTOR FOR HER SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S BYLAWS REQUIRE
BOARD MEMBERS TO DISCLOSE CONFLICTS; IT IS PART OF A DIRECTORS HANDBOOK
THAT IS DISTRIBUTED, SIGNED, AND ACKNOWLEDGED BY EACH BOARD MEMBER. THE
ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY ON A REGULAR AND CONSISTENT BASIS. THE ORGANIZATION HAS A
WHISTLEBLOWER POLICY AND IS CURRENTLY IN THE PROCESS OF DEVELOPING A
DOCUMENT RETENTION AND DESTRUCTION POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S AND KEY
EMPLOYEES' COMPENSATION ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
ON AN ANNUAL BASIS. THIS PROCESS INCLUDES REVIEW AND APPROVAL BY
INDEPENDENT PERSONS, THE USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.

Name of the organization

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number

95-4606651

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION REVIEWS AND
CONSIDERS ALL REQUESTS BUT WILL MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY LAW ON A CASE-BY-CASE
BASIS.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
141	(D) FURNITURE (PHASE	0101972000	DE7.00	16		249.			249.	249.		0.
151	(D) FURNITURE (PHASE	0224992000	DE7.00	16		30.			30.	30.		0.
161	(D) FURNITURE (PHASE	0423992000	DE7.00	16		61.			61.	61.		0.
171	(D) FURNITURE (PHASE	0701012000	DE7.00	16		1,261.			1,261.	1,138.		0.
242	(D) FURNITURE (PHASE	0224992000	DE7.00	16		78.			78.	78.		0.
252	(D) FURNITURE (PHASE	0423992000	DE7.00	16		156.			156.	156.		0.
262	(D) FURNITURE (PHASE	0701012000	DE7.00	16		3,153.			3,153.	2,845.		0.
2702-03	(D) FURNITURE (HED	0701022000	DE7.00	16		1,938.			1,938.	1,806.		0.
	* 990 PAGE 10 TOTAL					6,926.		0.	6,926.	6,363.	0.	0.
	FURNITURE & FIXTUR MACHINERY & EQUIPMENT											
11	(D) EQUIPMENT (PHASE	0101972000	DE5.00	16		3,710.			3,710.	3,710.		0.
21	(D) EQUIPMENT (PHASE	0101972000	DE5.00	16		541.			541.	541.		0.
31	(D) EQUIPMENT (PHASE	0204972000	DE5.00	16		400.			400.	400.		0.
41	(D) EQUIPMENT (PHASE	0311972000	DE5.00	16		108.			108.	108.		0.
51	(D) EQUIPMENT (PHASE	0318972000	DE5.00	16		400.			400.	400.		0.
61	(D) EQUIPMENT (PHASE	0320972000	DE5.00	16		216.			216.	216.		0.
71	(D) EQUIPMENT (PHASE	0707972000	DE5.00	16		757.			757.	757.		0.

128102
05-01-11

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
81	(D) EQUIPMENT (PHASE	0224992000	DB	5.00	16	483.			483.	483.		0.
91	(D) EQUIPMENT (PHASE	0325992000	DB	5.00	16	262.			262.	262.		0.
101	(D) EQUIPMENT (PHASE	0623992000	DB	5.00	16	55.			55.	55.		0.
111	(D) EQUIPMENT (PHASE	0721992000	DB	5.00	16	58.			58.	58.		0.
121	(D) EQUIPMENT (PHASE	1027992000	DB	5.00	16	516.			516.	516.		0.
131	(D) EQUIPMENT (PHASE	0701002000	DB	5.00	16	442.			442.	442.		0.
182	(D) EQUIPMENT (PHASE	0224992000	DB	5.00	16	1,242.			1,242.	1,242.		0.
192	(D) EQUIPMENT (PHASE	0325992000	DB	5.00	16	673.			673.	673.		0.
202	(D) EQUIPMENT (PHASE	0623992000	DB	5.00	16	140.			140.	140.		0.
212	(D) EQUIPMENT (PHASE	0721992000	DB	5.00	16	148.			148.	148.		0.
222	(D) EQUIPMENT (PHASE	1027992000	DB	5.00	16	1,328.			1,328.	1,328.		0.
232	(D) EQUIPMENT (PHASE	0701002000	DB	5.00	16	1,137.			1,137.	1,137.		0.
2802-03	(D) EQUIPMENT (HED	0701022000	DB	5.00	16	2,250.			2,250.	2,120.		0.
2902-03	(D) EQUIPMENT (HED	0701032000	DB	5.00	16	1,428.			1,428.	1,369.		0.
* 990 PAGE 10 TOTAL	MACHINERY & EQUIPM					16,294.		0.	16,294.	16,105.	0.	0.
30	OTHER LEASEHOLD IMPROVEMENTS	070110SL		5.00	16	31,469.			31,469.	3,147.		6,294.
* 990 PAGE 10 TOTAL	OTHER					31,469.		0.	31,469.	3,147.	0.	6,294.

138102
05-01-11

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

21.2

FORM 990 PAGE 10

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 10 DEPR					54,689.		0.	54,689.	25,615.	0.	6,294.

Depreciation and Amortization 990
 (Including Information on Listed Property)
 ▶ See separate instructions. ▶ Attach to your tax return.

HOLLYWOOD PROPERTY OWNERS ALLIANCE

FORM 990 PAGE 10

95-4606651

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,294.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,294.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 28. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year:					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

SECONDARY DOCUMENT INFORMATION SHEET
CITY AS LANDLORD

PLEASE FILL IN THE APPROPRIATE INFORMATION:

- Current City Attorney (e.g., James K. Hahn) [bossca]: **MICHAEL N. FEUER**
Current City Clerk (e.g., J. Michael Carey) [cityclerk]: **JUNE LAGMAY**
1. Document description (e.g., Office Lease) [docdescript]: **Retail Lease**
 2. Short Form document description (e.g., Lease) [docdesshort]: **Lease**
 3. Right of Way Number [rwno]: **GSD to fill in**
 4. Council File Number [cfno]:
 5. Council Action Date [approval]:
 6. Premises' Building Name (if any) (e.g., Peacock Towers) [premname]: **Cherokee Garage**
 7. Premises' Suite (Floor) Numbers (e.g., Suites 203 and 505) [suite]: **Suite C**
 8. Premises' Address Street Number (e.g., 304) [premnumber]: **1718**
 9. Premises' Address Street Name (e.g., S. Main Street) [premaddress]: **Cherokee Avenue**
 10. Premises' City (and State) (e.g., Los Angeles, California) [premcity]: **Los Angeles**
 11. Premises' Zipcode (e.g., 90012) [premzip]: **90028**
 12. Rentable square feet (e.g., 14,000 {rentable} square feet) [rsf]: **845**
 13. Useable square feet (e.g., (12,000 useable square feet)) [usf]:
 14. Right of first offer expansion space option [expansion]: **Yes** **No**
 15. Tenant's name (e.g., Biff Smith) [tenname]: **Hollywood Property Owners Alliance**
 16. Tenant's legal status (e.g., a California corporation) [tenstatus]: **501 C**
 17. Tenant's principal address (suite, street address, city, state, zipcode) [tenaddress]:
1680 Vine Street, Suite 414, Hollywood, CA 90028
 18. Tenant's name and address for notices [noticeadd]: **Same as above** Other:
 19. Tenant's fax number for notices [noticefax]:
 20. Tenant's telephone number for notices [noticetele]: **(323) 463-6767**
 21. Tenant's corporation/partnership number (e.g., Corporate No. 9102345) [corpno]:
 22. Name of first signer for Tenant [tensign1]: **Kerry Morrison**
 23. Title of first signatory for Tenant [tentitle1]: **Executive Director**
 24. Name of second signer for Tenant [tensign2]:
 25. Title of second signatory for Tenant [tentitle2]:
 26. Landlord's name - default of **CITY OF LOS ANGELES** [llname] Other:
 27. City Department authorized to contract [citydept]: **Department of General Services** Other:
 28. Name of signatory for City [citysign]: **TONY ROYSTER**
Other:

SECONDARY DOCUMENT INFORMATION SHEET
CITY AS LANDLORD

29. Title of signatory for City [citytitle]: **General Manager, Department of General Services**
Other:
30. Landlord's address [cityaddress]: **Asset Management, Suite 201, City Hall South, 111 Ea. First St., Los Angeles, CA 90012**
Other:
31. Departmental contact for City [citycontact]: **John Sheppard Andrew Valas Charles Kuan**
Joy Oubre Jack Scott Other:
32. City client department [cityclient]: **Transportation**
33. Name of reviewing City Attorney [cityattorney]: **Annette R. Bogna Laura Cadogan Hurd**
Other:
34. Title of reviewing City Attorney [attytitle]: **Deputy City Atty-Real Property/Environment Division**
35. Date of lease (or blank) [leasedate]: **Blank Date:**
36. Term [term]: **3 years**
37. Options to extend (e.g., two (2) one-year options to extend) [extension]:
38. Lease Commencement Date [commence]: **Substantial completion of TI Execution Date Blank**
Date: Other:
39. Lease Termination Date [terminate]: **Blank Date:** Other:
- Lease Termination Date for summary page (e.g., "through June 30, 1995") [termthru]: **See above**
40. Rent (numerical amount) (e.g., "1,215.00") [rentno]: **\$1,250.00**
41. Rent Unit (e.g., "per month") [rentunit]: **per month**
42. Expense pass-throughs [passthru]:
43. Percentage share (if applicable) [%share]: **proportionate share of monthly NNN charges**
44. Base Year (e.g., the calendar year 1991) [baseyear]: **n/a**
45. Security deposit (e.g., \$ 1,200) [security]: **None Other: minimum one month's rent pending financial review**
46. Parking spaces/permits [parkspace]: **(check all that apply) None Up to Number: 1 Permits Spaces**
47. Cost for parking [parkcost]: **Not Applicable Amount: \$ per month per space/permit plus City tax.**
No additional cost Other:
48. Description of Leasehold Improvements [improve]: **as is**
49. Tenant's Representative for Leasehold Improvements [tenrep]:
50. Tenant's Representative's telephone number [tenreptele]: **()**
51. City's Representative for Leasehold Improvements [cityrep]:
52. City's Representative's telephone number [cityreptele]: **(213)**
53. Tenant's real estate broker [tenbroker]: **n/a**

SECONDARY DOCUMENT INFORMATION SHEET
CITY AS LANDLORD

54. Business hours of Building [workhour]: *(Check all that apply)* 24 hours a day, 7 days a week Closed City holidays
- Monday through Friday: a.m. through p.m.
- Saturday: a.m. through p.m.
- Other:

55. Additional Terms: (For example, on sublicenses, please list all information relating to the entity holding the master lease.)

Should you have any additional questions regarding this transaction, please contact Belkis Del Valle with the Dept. of Transportation at 213.972.4938 or by email at belkis.delvalle@lacity.org.

