

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 /Hcadquarters 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.

[&]quot;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.

Portfolio Manager #01750615

Cc;

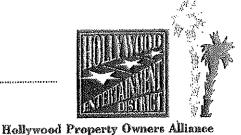
Eileen Conn

Agreed and Accepted:

Kerry Morrison Executive Officer

Hollywood

October 14,2013



1680 Vine Street, Suite 414 Hollywood, CA 90028

phone 323 463 6767 fax 323 463 4229

Hollywood Property Owners Alliance

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 Griß

Michael Gargano Argent Ventures, LLC

> David Green Nederlander 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.

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

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,

Kerry Morrison

Executive Director

cc: Belkis Del Valle -- DOT

Corelogic EXPERIAN BUSINESS CREDIT REQUEST RESPONSE
SafeRent
Attention: KARINA BELTRAN Fax Number: (213) 688-0468
Date: 02/21/214 Number of Pages: ** Account Number: RABB7 Account Name: CHARLES DUNN/COMMONWEALTH APT
Customer Service Representative: MARIA DELGADO
TENS EXECUTE CONTROL OF THE PROPERTY OF THE PR
RESULTS OF YOUR REQUEST:
Company Requested: HOLLYWOOD PROPERTY OWNERS ALLIANCE
Business Owner Profile (BOP):
No Record
List of Similars (LOS) (Circle your eslection for List of Similars and return by fax to the number below.)
☑ Business Profile
Business Owner Profile
Business Profile with Commercial Intelliscore ^{sk}
Experian Charges: \$ 27.50

Fax completed Form to: 1-800-788-0457 For questions, please call: 1-800-877-1223

Corelogic SefeRent

6660 Peachtree Perkway, Suite 600

Norofoes, GA 30082

Business Profils - HOLLYWOOD PROPERTY OWNERS ALLIANCE

Subspile: 647846 Ordered: 02/21/2014 09:41:45 CST Transportion restriber: CO10346850 Search Inquity: HOLLYWOOD PROPERTY OWNERS ALLIANCE / LOS ANGELES / CA / 80026



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 8t 6te 216

HOLLYWOOD, CA BEDZE-8629

Busines Identification Number: Experien File Echibilehed: Date of Incorporation:

799572200 01/2006 09/26/1996

Executive Summary

Richards This
Additional information may be available on this business.
Other recommended searches:
Order Public Record

Legal Filings and Collections	
Sankruptcy filings:	0
Tex lien filings:	6
Judgment filings:	0
Total collections:	Ő.
Sum of legal filings:	\$0
UCC filings:	0
Cautionary UCC filings present?	No
Trade Information	
Monthly average DBT:	Ü
Highest DB'T previous 6 months:	Ø
Highest DBT previous 5 quarters:	Ü
Total continuous trades:	0
Current continuous trade balance:	\$0
Trade balance of all trades (2):	\$100
Average balance provious 5 quarters:	80
Highest credit emount extended:	\$0
5 month balance range:	\$0 - \$0

Trade Payment Information

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Company Background Information

Committee 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: 09/25/1896 Current Blakus: Active

Businssa Type: Institutions - Non-Profit Charlet Number: 01980061

Agent Kerry Morisson Agent Addres: 1880 vine street buite 414 Hollywood, Ca

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Key Personnel

Principal(a): CHRISTOPHER V. BONERIGHT, PRES

Frank Stephan, Pres Thaddeus Smith, Pres

Experien prides liself on the depth and accuracy of the data maintained on our databases. Reporting your customer's payment behavior to Experien will further strengthen and enhance the power of the information evallable for making sound credit decisions. Give credit where credit is due. Call 1-600-520-1221, option #4 for more information.

End of report

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SECRETARY OF STATE

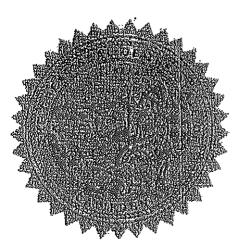
CORPORATION DIVISION

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 2 6 1996



Billyma

Secretary of State

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

SEP 25 1006

ARTICLES OF INCORPORATION OF

BILL WILLS, Correlary of State

HOLLYWOOD ENTERTAINMENT DISTRICT PROPERTY OWNERS ASSOCIATION

ARTICLE I

Name

The name of this corporation is:

ņ

HOLLYWOOD ENTERTAINMENT DISTRICT PROPERTY OWNERS ASSOCIATION

ARTICLE II

Furposes

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.

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CA\$62420.064 .

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 Fart 3 of Division 2 of Title 1 of the California Corporations Code.
- B. No part of the net earnings or seeds 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 of 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 Damevendi 7080 Hollywood Boulevard, Ste. 1109 Hollywood, CA 80028

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, 1996.

Jeff Damevandi, Incorporator

9

CA\$62420.084

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

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REAL ESTATE SERVICES, INC. 800 West Sixth Street, Sixth Floor Los Angeles, California 80017-2708 213 683-0500 213 683-1651 FAX www.charlesdunn.com

CHARLES DUNN COMPANY

CREDIT APPLICATION

Full name: HOLLYWOOD PROFERTY OWNERS ALLIANCE
Present Address: 1680 VINE ST. SUITE 414
LOS ANGFLES, CA. 90028
Previous Address:
Drivers License #:
Bocial Security#: Federal ID# 95-4606651
Marital Status:
Date of Birth:
Location Applying For: 1718 N. CHEROKER AVE., SUITE C. LOS AN GELES, 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.
9947. Dun Janua 22, 2019 Signature Date
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"Excellence in management through knowledge, dedication and teamwork"

Personal Financial Statement

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properly, to made by the Federal or State government, or any department thereof, or it any of the representations made above to be under a provided and it was a support of the control of hereofter, the undersigned bereby waves the pleasing of the except of finishous as a defense to any collision of the undersigned to pol. I also sudden you to provide credit information existing out of transactions with you to others as may be reasonably requested.

I hereby cartly that I have carefully read the shows elatement including the revenue side of and the instructions therebe, and that it is a complete, two and correct statement to the best of my troowledge and bekef. Any Enemois Information attached here to be cardilled at correct and I hereby incorporate it by reference into this form of financial statement.

Date Signed 2014

(Sign Herbs & Glap Horas) - Executive disease - Hollywood Proposity and Alliberta

PROSPECTIVE LESSEE QUALIFICATIONS

Please complete in full and submit to:

CHARLES DUNN COMPANY 800 W. Sixth Street, 6th Floor Los Angeles, California 80017 Telephone: (213) 683-0500 Facsimile: (213) 683-1551

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

PART I TENANT INFORMATION

LENVAL INFORMATION
Name:
Telephone Number: (22) 872-1635 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 improve Ment District Address: 1640 VINC LT SUITE YIY, Los ANGELES CO. 20029 Telephone Number: (32) Y63-1167 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: (
Telephone Number: (
Have you ever filed bankruptcy? NO If yes, explain:

PART III PROPOSED BUSINESS INFORMATION

40021

Which shapping denter are you interested in lessing? 1718 N. CKIN	BYRY AVE SLITE C, LOIANUTLES, CA.
What kind of business do you propose to operate there? MAINTY NAW C	e neadonartere
How will you operate your new business at the proposed location? Who will n	nanage? How many employess will you have?
	PANGUANTERS AND STONAGE FACIL
FOR OUR CLEAN STREET MAINTENANCE TRAN	
BY OUR SUPERVISOR GUS VARGAS, THERE ARE A	PRIONIMANTY IS TOTAL EMPLOYED
THAT WILL USE THE SPACE ON A REVOLVE What type of merchandise, food and/or services will you be providing at this to please provide a sample menu with prices. If you plan to operate a retail store,	callon? If you plan to operate a pastaurant.
MANE OF THE FROYE. WHENEVE	
What improvements do you plan to make to the premises (fixtures, carpet, etc. 1 N (LOO) WOLKING OFFER, AS PUSULES, PLAN ON MAKING ANY DIKEL IMPROVEN	WE DOLNOT PRESENTLY
Describe your anticipated start-up operating expenses and list amounts.	ga (Periodian manunungan periodia di didiah kelapah Jahan Periodian manungan paga Jahan Jahan Manungan Periodian mengangkan periodian periodian mengangkan periodian mengangkan periodian periodian mengangkan periodian mengangkan periodian mengangkan periodian peri
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wentow & Live & Beacher	5
dributeur - 21/4 ACS LAAAA ACC	s 1,000
	harmonia manada na manada
181/18/183	
idvardiging.	
Mrst.	Consideration in the contract of the contract
TOTAL START-UP EXPENSES	\$ 1,500
low will you pay for your start-up expenses?	And the state of t
hat is your projected gross income for this location?	
Year #1	
Year #2 <u>N/A</u> Year #3 <i>N/M</i>	
V G210 495	
you have any other comments or information which you feel the landlord sho	ould take into account in evaluating your
oposed store or restaurant? We are a view-prefix organ	water. Aunded to
el the property owner along Adlyanood	Blook. We trans
nerenteed arrowed miame on \$3.4 m	attin until 12/31/18.
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reprecisive lease qualifications 050300/mc TW [WWW.75]	na nazubonona:
my spread man spread hum.	com Dalli
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PART IV FINANCIAL INFORMATION

bank for nonprovide organization Bank Branch: Benerry Bill
Checking Account Number:
Savings Account Number:
Personal Cradii References: 1). Name: Andrews International
Address: <u>Po Box 935 L46</u>] Telephone: (\$55) <u>275 - 8488</u> Account Number.
2). Name: CleanStreet.
Address: 1937 W. 1695 St. Bully 90247 Telephone: (310) 436-6510 Account Number: 5060
Business Credit References: Name of the bank you use for your business: Account Number:
Branch: Bury Hills. Account Number:
CredivSuppliers for your business: Account Number:
Nams:
Telephone ()Contect:
Name:Account Number:
Telephone ()Confect:

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.

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2012

CONTENTS

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

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

William Tilley CPA

I. Pearse

Leonard CPA

į

To the Board of Directors

HOLLYWOOD PROPERTY OWNERS ALLIANCE

(Managing Entity for Hollywood Entertainment

Business Improvement District)

Hollywood, CA 90028

James T. Chang CPA

Fabio Vasco CPA

Manny Gleicher CPA (Retired) 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.

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.

GTLLLP

Certified Public Accountants March 28, 2013

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
		16,109
Prepaid expenses	England (Spiriter)	966,511
		700,011
Leasehold improvements, net (Note 3)		15,735
reazenoid improvements, net (note o)		
	\$	982,246
LIABILITIES AND UNRESTRICTED NET ASSETS		
Current Liabilities:		
Accounts payable	\$	179,213
recourse paymore		
Commitment (Note 7)		-
The manufactured Mat A grants		803,033
Unrestricted Net Assets	Partopological and	
	\$	982,246

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
	3,680,695
Operating Expenses:	, and the second
Security	1,543,035
Maintenance	951,062
Marketing	42,742
Alley services	137,000
	2,673,839
General and Administrative Expenses:	110000000000000000000000000000000000000
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
	839,531
	3,513,370
ncrease in Unrestricted Net Assets	167,325
inrestricted Net Assets, Beginning of Year	635,708
nrestricted Net Assets, End of Year	\$ 803,033

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2012

Cash Flows from Operating Activities: Increase in unrestricted net assets Adjustments to reconcile increase in unrestricted net assets to	\$	167,325
net cash provided by operating activities: Amortization		6,294
Changes in operating assets and operating liabilities: Assessments receivable		190,029
Due from affiliate Prepaid expenses		15,110 (4,017)
Accounts payable	learde Danier	(14,033)
Net cash provided by operating activities	der de constitue de la constit	360,708
Net Increase in Cash and Cash Equivalents		360,708
Cash and Cash Equivalents, Beginning of Year	\$20000 00000000000000000000000000000000	399,102
Cash and Cash Equivalents, End of Year	\$	759,810

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.

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.

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 Section501(c)(6) of the Internal Revenue Code ("IRC"), and from federal and state income taxes under Section501(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.

(a) 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.

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 Accumulated amortization	\$ 31,470 (15,735)
	\$ 15,735

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.

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 ocated to e District
2013	~	46,902	 10,400		36,502
2014		48,312	10,400		37,912
2015		24,516	5,200		19,316
•	\$	119,730	\$ 26,000	\$	93,730

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.

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.

TOTE TRY NETWORK

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

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 cale

-	~~~~	and en it centilities.	year, or tax year beginning	an	rd endin	Đ.		The state of the s	HATEL TAXAS GORALD
E	Chi epp	ck if C Name of org	ganization	COLT NAMES AND COLOR CONTRACTOR OF THE PROPERTY OF THE PROPERT	Wasterfelder about 12.	CONTRACTOR CONTRACTOR	Employer idea	ntification number	************
		•					and the second	ARTEROCOURAGE PROMITERS	
		ddress HOLLYW	OOD PROPERTY O	WNERS ALLIANCE		1			
		ienge Dolng Busin	iess As		12 12 14 14 14 14 14 14 14 14 14 14 14 14 14		95	-4606651	
		tum Number and	d street (or P.O. box if mail is no	t delivered to street address)	Room/s	sulie E	Telephone nun	WWW.	
			. VINE STREET	·	414		(3)	23) 463-676	67
ļ	Ir	tum City, town, c	or post office, state, and ZIP	code	***************************************	G	Gross receipts \$	3,691	
l		HOLLYW	OOD, CA 90028				i) Is this a grou		1000
	-	F Name and a	ddress of principal officer.Ki	ERRY MORRISON	restances and a second		for affiliates?		[V] 61.
****			C ABOVE			Han		included? Ves	
.1		exempt status:	501(c)(3) [X] 501(c)(6) ≪ (insert no.) 4947(a)(1	or .	527	if "No " etter	h a list. (see instructi	
			LLYWOODBID.ORG	and the second s	The same of the sa	#4440000	Group evenir	otlon number	ions)
K	For		Corporation Trust	Association Other	. 11 \	ear of for	matlon: 1996	M State of legal dom	ninta (°7
L	art	William Control of the Control of th							and the second
ş	ફ ˈ	Briefly describe the	a organization's mission or m	ost significant activities; TO I	ROVI	DE PI	ROGRAMS	SERVICES	S.
Activities & Generalian		MALL V L L L L L L L L L L L L L L L L L	9 TO PROMOTE OF	GOING REVITALIZA	TION	OF	PHE DIST	TRY TOTAL	- W
		Check this box	' Lad if the organization dis	continued its operations or discr	osed of n	nore than	25% of ite not	TOROGO	7074fraymalmyotti
Ž,	1	HOURS OF ACTUBLE	nembers of the governing bo	dy (Pari VI. line 1a)			1.	3	17
4	4	Number of Indepen	ndent voting members of the	governing body (Part VI, line 15)			["	4	$\frac{1}{17}$
S	5	inguitable of BR	irvicuais employed in calanda	R Vear 2012 (Part V. line 24)				<u> </u>	
#200 200 200 200 200	6	LOTER MOUNTAINS OF ACI	ivinteers (eesimate it hecessai	N/)			I.	8	24
i i	7	· . otol olistototo oug	mess leveliue nom Part VIII.	COLUMN (C), line 12			•••	The second second	ő.
*******		 Net unrelated busin 	less taxable income from For	m 990-T, line 34	**********	************	7	The state of the s	ŏ:
					1	D	rior Year	Current Ye	Acres on the second second
Ŋ	8	Contributions and g	grants (Part VIII, line 1h)		-	-	0	- Current ve	000.
5	9	Program service rev	venue (Part VIII, line 20)		ſ	- E	498,815		77E
Revenue	10	Investment income	(Part VIII, column (A), lines 3,	4, and 7d)		***************************************	9,075	7,327	810.
444	11	Other revenue (Part	VIII, column (A), lines 5, 6d, t	8c, 9c, 10c, and 11e)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE RESPONSE THE RESERVE	168,550	168,	
Emperior	12	Total revenue - add	lines 8 through 11 (must equ	el Part VIII. column (A). line 12)		3	676,440	3,691,	220
	13	Grants and similar a	mounts paid (Part IX, column	(A), lines 1-3)			0.07220		550.
	14	generate baid to or a	or members (Part IX, column	(A), line 4)	ſ	7711712.CW	Ö		0.
8	15	Salaries, other comp	ensation, employee benefits	(Pari IX column (A) lines 5-10)	ſ		397,235		771
saeusdys	16	Professional fundral	sing fees (Part IX, column (A)	, line 11a)	·····	THE CHINA PLANT	0	THE CONTRACTOR OF THE PARTY OF	<u> </u>
ğ.	ı	TOTAL TUNORBISING EXP	penses (Part IX, column (D), j	ine 25) 📂	0.1	5000000		CAS CONTRACTOR CONTRAC	
113	17	Other expenses (Par	1 IX, column (A), lines 11a-11	d, 11f-24e)		3	156,563	3,099,	107
	18	Total expenses, Add	l lines 13-17 (must equal Part	D(, column (A), line 25)	·······	3	553,798		10/°
	19	Revenue less expeni	ses. Subtract line 18 from line	e 12	·····		122,642	3,522,4 169,	*VO.
Sets or			The state of the s				of Current Year	THE RESERVE THE PROPERTY OF THE PARTY OF THE	WATER PROPERTY.
93.6	20	Total assets (Part X,	line 16)	«			936,631		
AL.	21	Total liabilities (Part)	K, Ilne 26)		Į.		210,310.	BALANDER CONTRACTOR OF THE PARTY OF THE PART	
Pin-		Not assets or fund be	alances. Subtract line 21 fron	n line 20	······ [-		726,321		776
	, i i. i.	i arangement dioc	žN.			- Committee of the Comm	Manager 120 Mary Contract of Street Street	STATE OF THE PARTY	Contractoration)
Unde	r pen	ilies of perjury, I declare	that I have examined this return	, including accompanying schedules	and state	ments, an	d to the hest of o	av knowledge and holis	d H in
true,	corre	t, and complete. Declara	ation of preparer (other than offic	er) is based on all information of whi	ch nrenar	er has anv	kanwiedas	A KUDIAKOĞE BUO BENE	11, 11.15
					p,p	01 1100 0519	1	Mary Control of the C	**************************************
Sign		Signature of office		die mandels M. Germen werde Abbeits werd mei programme French Erling de Tryspe (n. 1947 og partier de Leise Fr Tryspe (n. 1940 og partier mei programme franche mei programme franche franche franche franche franche franche	***************************************	ctwo-workthoon-co	Date		*********
Here		KERRY MC	DRRISON, EXECUT	IVE DIRECTOR					
	·	Type or print nam	ie and tille	The state of the s		······································			
		Print/Type preparer's na		Preparer's signature		Date	Check	THE III	
Pale		KENNETH COE	llh0		ĺ]# ~	200000	3
Prepa		Firm's name 🕟 RB				<u> </u>	Firm's EIN .	95-343954	
Use O	ñly	Firm's address 🔈 11	766 WILSHIRE B	LVD., 9TH FLR			Trumo engle	70-383334	de montespas
CONTRACTOR A	d formation in		S ANGELES, CA	90025			Phone no /	310) 478-4	180
May t	ne If		with the preparer shown abo			**	Phone no. (-
232001	12-1	12 LHA For Pane	erwork Reduction Let Matic	e, see the separate instruction	alabisi laa lagga Na	MALANA KIRALA	414777777777777777777777777777777777777	LAI ves L	. No
				websited institution	ಣ.			Form 990 (2012)

Fo	m 990 (2012) ROLLYWOOD PROPERTY OWNERS ALLLANCE	32-400001	Sega 2
	art III Statement of Program Service Accomplishments		
1	Check if Schedule C contains a response to any question in this Part III Briefly describe the organization's mission: TO PROVIDE PROGRAMS, SERVICES, & ACTIVITIES TO PROMOTE (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-E27 If "Yes," describe these new services on Schedule O.	Yes	DE No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses, a	
48	(Code:) (Expenses \$ Including grants of \$) (Revenue THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE DISTRICT.	AND PATROL :	THE)
46	(Code:)(Exponses \$ including grants of \$) (Revenue THE ORGANIZATION CLEANED AND MAINTAINED THE STREETS AND THE DISTRICT, INCLUDING THE REMOVAL OF GRAFFITI.	BUILDINGS OI	
4c	(Code:)(Expenses \$ Including grants of \$) (Revenue THE ORGANIZATION MADE STREETSCAPE IMPROVEMENTS TO THE DIRECTARING, REPLACING, AND/OR ADDING FIXTURES, INCLUDING SIDEWALKS, TRASH CANS, BENCHES, SIGNS, AND LIGHTS.	STRICT BY	
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
O.	Other program services (Describe in Schedule O.)		
in.	(Expenses \$ Including grants of \$) (Revenue \$ Total program convice expenses >>		THE WALLES
		Form 89	0 (2012)
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Form 990 (2012) HOLLYWOOD PR
Rant IV Checklist of Required Schedules

the cryamization described in section 5016(8) or 4647(9/1) (other than a private brunclation?) If "Yes," compilete Schedule B, Schedule C Contributions 2 is the cryamization required in complete Schedule B, Schedule C Contributions 3 is X Section 53 (15(8) expenitation, Did in organization engage in inbibitying activities, or have a section 501(e) election in effect during the tax year 8" "Yes," compilete Schedule C, Fart I 5 section 53 (15(8)) expenitation, Did in organization engage in inbibitying activities, or have a section 501(e) election in effect during the tax year 8" "Yes," compilete Schedule C, Fart II 5 is the organization a section 501(e)(6), or 501(e)(6), or 501(e)(6) organization that receives membership dues, assessments, or aimiliar amount is sed drilled in Revenue Procedure 98 197 If "Yes," compilete Schedule C, Part III 5 is the organization as section 501(e)(6), or 501(e)(6), organization that receives membership dues, assessments, or aimiliar amount in which are the section of the			(****************************	Yes	No
2 Is the organization required to complete Schedule of Contributions 3 ID this morparization engage in idea or animate position activities on behalf of or in opposition to candidates for public office? If "iss," complete Schedule C, Part I 4 Section 601(x)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "iss," complete Schedule C, Part II 5 Is the organization maintain any clinic reference (Part II) 6 Is the organization maintain any clinic election of amounts in such clinic or investment elegisted (Part III) 7 Did the organization maintain any clinic election of amounts in such churds or accounts for which denors have the right to provide addition on the identification or investment of amounts in such churds or accounts for which denors have the right to provide addition on the identification or investment of amounts in such thurds or accounts for which denors have the right to provide addition on the identification or investment of amounts in such thurds or accounts for which denors have the right to provide addition on the identification or investment of amounts in such thurds or accounts for which denors have the right to provide addition or investment of amounts in such thurds or accounts for which denors have the right to provide addition or investment of amounts in church for a few provides addition or investment in the provides addition of amounts for the provide or and contribution or investment in the provide addition or investment in the provides addition and accounts flexibility; serve as a custodian for amounts for itself in Part X; or provide or addition the result for amounts for itself in Part X; or provide or addition and accounts flexibility; serve as a custodian for amounts for itself in Part X; or provide or addition and accounts for amounts for itself in Part X; or accounts for itself in the result of a few parts X; or accounts for itself in the result of a few parts X; or accounts for itself in the	*				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "es," complete Schedule C, Part II 4 Section 80 N(x)?3 organizations. Did the organization engage in lobbying activities, or have a section 501(x)4 election in effect during the taxy year? If "ics," complete Schedule C, Part II 5 Is the organization assection 501(x)40, 501(x)60, or 501(x)80 organization that receives membership dues, assessments, or similar amounts as defined in Revenus Prosectore 98-197 If "ics," complete Schedule C, Part II 5 Did the organization market any donor advised fundo or any similar tundor or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution end of the complete Schedule C, Part II 5 Did the organization constitution and collections of workers of anti-institution geneements to preserve open space, the environment, listotic land areas, or historic structures? If "Yes," complete Schedule D, Part II 5 Did the organization of Part X, the 21, for exector or custodiel account liability; serve as a custodian for amounts not fisted in Part X; or provide oredit counseling, dight management, credit repair, or debt negotistion services? If "Yes," complete Schedule D, Part II 6 Did the organization, directly or through a related organization, high guestion is "Yes," then complete Schedule D, Part VI 7 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 8 Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 9 Did the organization report an amount for other leadshife D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10. If Yes, comple		If "Yes," complete Schedule A	-		X
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during the tax year // "Yes," complete Schedule C, Part // 8 Is the reginization a section 501(c)(4), 501(c)(6), or 501(c)(6),		public office? If "Yes," complete Schedule C, Part I		ļ	- X
5 is the organization a section 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedings 6174 (17 %), complete Schedule C, Part II did the organization methods in any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization methods or or historic structures? If "Yes," complete Schedule D, Part II Did the organization methods or historic structures? If "Yes," complete Schedule D, Part II Did the organization propriate collections of workers of art, historical treasures, or chert entirelia seasets? If "Yes," complete Schedule D, Part II Did the organization report on amount in Part X, line 21, for secrol or custodist account fieldity, serve as a custodian for amounts not fisted in Part X; or provide credit counseling, dett management, credit repair, or detail negotiation services? If "Yes," complete Schedule D, Part II 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 II Did the organization report on amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II If the organization report an amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for herestments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II Did	4		١,		
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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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	K.		-E	- 1	¥
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundralising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-		16		Х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17				
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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			17		X
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1.	
18 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			15		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X		complete Schedule G, Part III	19		
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	~~~~~		X
	<u> </u>	If "Yes" to ilne 20a, did the organization attach a copy of its audited financial statements to this return?	ORGANISM THE		- CONTRACTOR

232003 12-10-12

3

Form 990 (2012) HOLLYWOOD PROPERTY OWNERS ALLIANCE
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 17 if "Yes," complete Schedule I, Parts I and II	21		Х
22		22		X
23				1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24	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	1		İ
	Schedule K. If "No", go to line 25	248		X
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240		
(f Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	200240000	************
25	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	25a		
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		i i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part /	25b		
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
26	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*	海 梅	
	instructions for applicable filing thresholds, conditions, and exceptions):	100 M	經濟	Signal Signal
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	286		X
b	**************************************	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l i		95
***	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ж
e de la constante de la consta	contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		**************************************
136		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	***************************************		40 kg
V	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 1	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	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
**	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Adecisance
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \uparrow$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
18	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, fines 11b and 19?			NEEDELPH)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	190 p	012

Page 5

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.

Sac	check it schedule O contains a response to any question in this Part VI		.,,,,,,,	
***************************************	SOULAN SEASILIST PAGE BUG HIGHSTAILE		Nen	· T
fæ	Enter the number of voting members of the governing body at the end of the tax year	17[3]	Ye.	4
	If there are material differences in voting rights among members of the governing body, or if the governing			¥ 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
ь		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		(A)	
	Officer, director, trustee, or key emnloyee?		10.00	(
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customatily performed by or under the direct supervision	2	ļ	
	of officers, directors, or trustees or key employees to a management agreement agreement of the control of the		l	L
a	of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	4	ļ	_
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	
7g	Did the organization have members or stockholders?	6	<u> </u>	
, 10	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Ì
Pas.	more members of the governing body?	. 7a		
ED.	Are any governmented decisions of the organization reserved to (or subject to approval by) members, stockholders, or			ĺ
_	persons other than the governing body?	. 7b		
8	the diganization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100	A ST	
â	The governing body?	Ra .	Ж	ľ
M	reach committee with authority to act on beneat of the governing body?	හිත	X	-
8	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		: ا
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Alexandra are	*********	-
		****	Yes	ŀ
Ja .	Did the organization have local chapters, branches, or affiliates?	10a	CONTRACTOR OF THE PARTY OF THE	•
O I	it "yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates.			4000
i	and branches to ensure their operations are consistent with the organization's exempt purposes?	105	Ì	
1a	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 l	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ia.
ea l	Old the crosnization have a written conflict of internet police? If the Park to the 12	1 1	X	.12
b V	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126	X	
¢ f	It the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	-120	*****	
li	n Schedule O how this was done		X	
	old the organization have a written whistleblower policy?	12c	X	C)COP2
	old the organization have a written document retention and destruction policy?	13	X	QCRAP.
i D	lid the process for determining compensation of the following persons include a review and approval by independent	14		50
n	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1000		
a T	the organization's CEO. Event the Objector, or the properties of the deligeration and decision?	1 1		ŀ.
h O	he organization's CEO, Executive Director, or top management official	15a	X	
	ther officers or key employees of the organization	16b	X	***
	148 to the 168 of 160, describe the process in Schedule O (see Instructions).			
ez LA	ld the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			4
	ixable entity during the year?	16 ₁₃		2
⊅ IT	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	大学等	194	
in	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	189		S
	cempt status with respect to such arrangements?	16b		~
ACCOUNT OF THE PARTY OF	n C. Disclosure			
L.lt	st the states with which a copy of this Form 990 is required to be filled CA	٠,١٠		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section 501(c)(3)s only)	avallable		
f <u>o</u> l	public inspection. Indicate how you made these available. Check all that apply.			
١	Own website Another's website Dupon request Other (explain in Schedule O)			
De	scribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd financi	ai	
Sia	ttements available to the public during the tax year.		-91	
Sta	ate the name, physical address, and telephone number of the person who possesses the books and records of the organiza-	etlon. Re-		
1./1	in Coelho, C/O RBZ, LLP - (310)478-4148	zuQIII Boo	h-Seattle Seattle	-
11	1766 WILSHIRE BLVD, #900, LOS ANGELES, CA 90025-1586	·		
-12	The AVER ADVICE	Earn M	ON CO	was 1-1-
		Form 🥬	₩ (Z	11,

Part VIII 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

X

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

- ta 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.
- Ust all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter O 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 fermer 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.

(A)	(B))) 209	3) Hior	٠		(0)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck as oa	more non	than Is bot	one ពំសា	Reportable compensation	Reportable compensation	Estimated amount of
	week (list anv	offic	ær an	dad	recto	or/true	tee)	from the	from related organizations	other compensation
	hours for	01 cine	43			副		organization	(W-2/1099-MISC)	from the
	related organizations	I A	inschutemal Bester		85	सिक्षाच्या रुपका प्रवास्त		(W-2/1099-MISC)		organization and related
	below	1 See 1	HEQUE	gen.	Кау аттанува	5 8	₁₅			organizations
	line)	Indirectors	£ .	Officer	. Key	量	£			2011
(1) Frank Stephan	2.00								,	
DIRECTOR / PRESIDENT	0.00	X		X	-	<u> </u>		0.	0.	0.
(2) LYNDA BYBEE	2.00								_	,
DIRECTOR / VICE PRESIDENT	0.00	X		Ж				0.	0.	. 0
(3) DON MUSHIN	2.00	96						^	_	
DIRECTOR / SECRETARY	0.00	X		X		ļ		0.	0.	0.
(4) MONICA YANADA DIRECTOR / TREASURER	2.00 0.00	x		x				0.	0.	0.
(5) GREG BECK	2.00	ACAL CAMPAGE			Company			Ve	Ve	
DIRECTOR	0.00	X						0.	0.	0.
(6) CHRISTOPHER BONERIGHT	2.00	ST WEEG			********			Q 6		V 4
DIRECTOR	0.00	x	1					. 0.	0.	0.
(7) CHARLIE COLLETTA	2.00				·/			***************************************	1000	
DIRECTOR	0.00	x	ĺ	ı				0.	. 0.	0.
(8) JOSEPH D'AMORE	2.00		~		*******	oven	200340	di Trimina (m. 1944) di 1849-te del Lorico mentro del morto del destro de mentro colonio del del del del del		***************************************
DIRECTOR	0.00	X		ı				0.	0.	0 .
(9) MICHAEL GARGANO	2.00				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					***************************************
DIRECTOR	0.00	X						0.	0.	0.
(10) DAVID GREEN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) JOHN LYONS	2.00	İ		ĺ	ļ					_
DIRECTOR	0.00	X	_	_				0.0	0.	0.
(12) JAN MARTIN	2.00		- 1			ı		_	^	0
DIRECTOR	0.00	<u> </u>					_	0.	. 0	0.
(13) GALO MEDINA DIRECTOR	2.00 0.00	₹₽	ı					0.	0.	0.
(14) DREW PLANTING	2.00	<u>γ</u>				{			Vol	• U •
DIRECTOR	December of the contract of th	\mathbf{x}		-				0.	0.	0.
(15) RON RADACHY	2:00	<u>~</u>						V e	اه 70	V e
DIRECTOR		x		-	į		1	0.	0.	0.
(16) LEE RIERSON	2.00		\dashv	十			\dashv	V 2	~ 0 b	4 0
DIRECTOR		x						0.	0.	0.
(17) THADDEUS HUNTER SMITH	2.00		ZERIO VE	~	*****		十			
DIRECTOR	0.00	x l	- 1					0.	0.	0.

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Form 990 (2012)

Part VII Section A. Officers, Directors	, Trustees, Key En	golo	yee:	1, ar	nd H	lighe	est C	Compensated Employe	as (continued)		NA TEA
(41)	(6)	•		•	C)			(0)	(E)		(F)
Name and title	Average	(0	o nati	POS check	SINO! mon	n a ihan	one	Reportable	Reportable		Estimated
	hours per week	bo	k, unk icera	nd a c	erson direct	od ai : unt/to	th an skiel		compensation	7	amount o
	(list any		*****	1	1	*****	Ţ	from the	from related		other
	hours for	189			1		l	organization	organizations (W-2/1099-MIS		compensate from the
	related	1 83	Street			ASSE A		(W-2/1099-MISC)	טוויינישטו נפייוי)	(organizatio
	organizations	E	120		幺	2000年	١.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and relate
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	line)	ĮĒ	1	8	Ē	氢	E				_
(18) MARK STEPHENSON	2.00										
DIRECTOR	0.00	X						0.		0.	
(19) TEJ SUNDHER	2.00										AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
director	.0.00	X						0.		0.	
(20) John Tromson	2.00								And decimal control of the control o		
IRECTOR	0.00	X						0.		0.	
21) KERRY MORRISON	40.00							the state of the s			***************************************
EXECUTIVE DIRECTOR	0.00			X				184,068.		0.	4,08
22) Sarah MacPherson Besley	40.00							**************************************	THE PROPERTY AND PROPERTY AND PROPERTY AND PARTY.		
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16 Sub-total	***************************************	L		l	l	ka.		288,812.	····	7.	15,270
c Total from continuation sheets to Pa	rt VII Santina A			*****	4	180° 180.	-	0.		; ;†	13,21
d Total (add lines to and to)	4 115 CACACION M	•••••		*****		Bar.	H	288,812.	er for bedeet standarform mental mental standarform mental standarform a security of the secur	+	15,270
Total number of individuals (including b	ui not limitad to the	eo l	المادية	125121	لينشئند دم دم					<u></u>	13,27
compensation from the organization	Section without to tito	/3G (ore.	DILIN	ovej	WIT	7160	elved more (nem \$ 100,1	non or reportable		
were new and the second		arrest before	Latera e	*****	*********	-	-so-constr	**************************************		**********	Yes N
Did the organization list any former office	nar dimetar artura		len.		.1		1. 1 .			P	
line 1s2 If "Ves " complete School to 14	uci, un ector, or trus At attable distribution	tee,	кеу	om	эюу	8e, c	ar niệ	mest compensated em	ployee on	12.	
line 1a? If "Yes," complete Schedule J fi	o outer a communicial									. Jan	3 2
7	e enin oi reportable	con	nper	1881	on 8	ing (ome	r compensation from th	e organization		
and related organizations greater than \$	STOU,UUU'! "YOS," (com	рЮ10 1	s SC	1180	uie .	I TOF	such individual		.	4 **
Did any person listed on line 1s receive							ated	organization or individ	ual for services		6 7
rendered to the organization? If "Yes," c etion B. Independent Contracture	omplete Scheaule	110	SUC	n pe	150	· comple	line de la		******************		5 2
	THE PRODUCTION OF THE PROPERTY					***************************************	ti de etem en		······································	·	Office and the State of the Sta
Complete this table for your five highest	compensated inde	pen	dent	cor	ntrac	otore	the	t received more than \$	100,000 of compe	nsat	ion from
the organization. Report compensation t	for the calendar yea	r en	ding	with	h or	with	in th	ne organization's tax ye	ar.	actor plates before	
(A) Name and busins	an neletyeen							(B)			(C)
						- 126 haran barr gar		Description of ser	vices	Cor	npensation
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							[}		
Total number of independent contractors	(including but not l	ìmit	ed tr	the	se i	Star	d ah	ovel who received more	than Sin	even North	Try Sales S
\$100,000 of compensation from the orga	nization 🔊				$\tilde{2}$			aray major aboutous mon	1000		
		adzredo)	TAXABLE EA	·			***********				600 0000

		Check if Schedule O conta		u any question	(A) Total revenue	(6) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1	8	Federated campaigns						
	b	Membership dues	tb					
	C	Fundralsing events						
		Related organizations		***************************************				
	Ø	Government grants (contribution	ons) <u>le</u>	en kandantskapatassassassassassassassassassassassassas			La salvi da Niva da Niva	
		All other contributions, gifts, grants		5,000.				
		similar amounts not included abov		3,000				
		Nancash contributions included in lines		kn.	5,000.			
antinitii)	h	Total. Add lines 1a-1f		Dunkana Cadal	Manager State Control	nas eng asas an	10/80/01/02/02	Alexandra Maria
		ASSESSMENT REVE	ı	900099	3,510,376.	3,510,376.		
2		The state of the s			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW			and the second s
	k)		1					
1	۳.	\$25/000/- \$55/\$62-10 Octoors						
ŀ	t)	ACCOLUMN TO THE PARTY OF THE PA		AND THE PROPERTY OF THE PARTY O				acus provinces and commercial desired
	e e	All other program service rever	nue	entry many dy remark from the district attended by the district			esseen an in the second	
		Total. Add lines 28.21			3,510,376.			
3	,M	Investment income (including	dividends, intere	st, and				7,810
"		other similar amounts)			7,810.			7,610
4		Income from investment of tax	cexempt bond p	roceeds 🔛		MANGRAGE		
5		Royalties					A STATE OF THE STA	
-			(i) Real	(II) Personal				
8	B	Gross rents						
1		Less: rental expenses						
	G	Rental income or (loss)			RESERVE NAMED I		a notes a transfer and sec	A CONTRACTOR OF THE
		Net rental income or (loss)	***************************************			The contract of the contract o		0.538100128032134
7	a	Gross amount from sales of	(I) Securities	(ii) Other				
		assets other than inventory		OM15-00-00-00-00-00-00-00-00-00-00-00-00-00				
1	'n	Less: cost or other basis		1				
		and sales expenses		George Control of the				
		Gain or (loss)			ON SOURCE AND A SECOND	e eggi (19.44) ya kariga (19.44 kiri)	* *************************************	
	đ	Net gain or (loss)		·	100000000000000000000000000000000000000	SWEEKE WOOD		
8	2	Gross income from fundralsin						
		including \$	of					
		contributions reported on line		1	June 19 Contraction			
		Part IV, line 18						1 100000
	b	Less: direct expenses	13	No.	Testes (Area Level Color of Area)			
	C	Net income or (loss) from fund	draising events		100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug 100 Aug			
9	8	Gross income from gaming ad		ļ				. Nama is
		Part IV, line 19						1000年6
	b	Less: direct expenses		NAME OF TAXABLE PARTY.	A CONTRACTOR MANAGEMENT			
		Net income or (loss) from gan		***************************************			BANKAN	1 全体设施。
100	8	Gross sales of Inventory, less				自己接触域的		
1	e	and allowances					For appearing	
		Less: cost of goods sold Net income or (loss) from sale		***************************************	1			
-	Ç	Miscellaneous Revent		Business Code	3			
44	B	HPOA/CHC SERVIC	E AGREE	900099	7 160,000			
1 **	ra Ei	HPOA CO-OP	CATCHES TO STATE OF PARTY AND AND AND ASSESSED.	900099	8,350	8,350		
	ស	December of the second						
	e ci	All other revenue				and work the second speciment and the second second	er mannen monen der år en sammen men en samme	
	e e				168,350	A 2 2 5 6 6 6 6	an displayed in	
	*	Total revenue. See instructions.		lin.	13.691.536	3,678,726	. 0	0 / 0 1

Form 990 (2012) HOLLYWOOD PROJ Part IX Statement of Functional Expenses

200	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo				
	not include amounts reported on lines 6b,	TA)	(8)	Menagagaga and	(D) Fundralsing
	. 8b. 9b, end 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	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				M. BY VIII BUR
	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 16 and 16				
4	Benefits paid to or for members		THE PERSON NAMED AND PARTY OF THE PE		6200 38.36 6.76.28 32
5	Compensation of current officers, directors,				
	trustees, and key employees	234,192.	A DESCRIPTION OF THE PROPERTY		***************************************
6	Compensation not included above, to disqualified	{			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		No have been been been been been been been be		
7	Other salaries and wages	143,414.			
8	Pension plan accruals and contributions (include				·
	section 401(k) and 403(b) employer contributions)	3,955.		40000000000000000000000000000000000000	
0	Other employee benefits	17,244.		woev	OMERNICA CONTRACTOR OF THE STATE OF THE STAT
10	Payroll taxes	24,416.		Coderantemortem i someriterritan kinistaan maramatan in	
11	Fees for services (non-employees):				
8	Management		-	,	
b	Legal	12,000.		Total windows	22.00.00.00.00.00.00.00.00.00.00.00.00.0
C	Accounting	51,104.			AND THE RESIDENCE OF THE PARTY
d	2 , 2 11(1)(1)(1)(1)(1)		Management of the School School School School	netten essentantako internisiak	AUTOCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCO
e	Professional fundraising services. See Part IV, line 17		1/2008/2014/1/3/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5		**************************************
f	investment management fees			CACAMINA COMPANIA CONTRACTOR CONT	
8		00 556			
	column (A) amount, list line 11g expenses on Sch O.)	28,556. 45,942.			**************************************
12	Advertising and promotion	17,451.			and the second s
13	Office expenses	11,431.	***************************************	Washington Colored (Schools Colored Co	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
14	information technology		yan adalah daga mengalangkan adalah dalah daga daga daga daga daga daga daga da	AND THE COLUMN ASSESSMENT ASSESSMENT OF THE PROPERTY OF THE PR	
15	Royalties	42,061.		AH000A4400944111777777777777777777777777777777	WANTED THE TRANSPORT OF THE PROPERTY OF THE PR
16	Occupancy	6,506.		Ounterative speciments and an artist of the second	- Composition States Composition Compositi
17	Travel	0,200		wareannachalasaanna aanna maan aan aan aan aan aan aan	***************************************
18	Payments of travel or entertainment expenses				
מיינ.	for any federal, state, or local public officials	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		A CONTRACTOR OF THE PROPERTY O	
19	Conferences, conventions, and meetings	331.			
20	Interest	WARRING TO THE RESIDENCE OF THE PARTY OF THE		programme and the second distance of the second sec	
21 22	Payments to affiliates	6,294.		University of the Control of the Con	CONTRACTOR CONTRACTOR
23	Amon (1) Amon 2 at	28,170.	AND THE PROPERTY OF THE PROPER	24	AMERICAN CONTRACTOR CO
24	Other expenses, literaize expenses not covered				
Ka-T-	above. (List miscellaneous expenses in line 24e. If line		Maria Santa de Carre		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			14 CA 14 CA	AND DAME OF STREET
D	SECURITY & MAINTENANCE	2,630,037.			
b	CHC EXPENSES	157,537.	удонные монятроду сиковина ИЗДУ ССССУ ОСССАВ КОТЫ ЯФВИЛ		
ć	CITY FEES	37,002.			
ď	MISCELLANEOUS EXPENSE	10,003.			
	All other expenses	26,193.			
25	Total functional expenses. Add lines 1 through 24s	3,522,408.			
26	Jeint costs. Complete this line only if the organization	2000000			==
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here If following SOP 88-2 (ASC 958-720)				
arbital medicin	ontantalistikus para kantantan kantan ka Kantan kantan and an extension regularly extended the annual annual property of the property	The state of the s		Form 990 (2012)	

Pa	1X	Balance Sheet	*************	PANALONIA TERRITORIA DE LA TORINA DEL LA TORINA DEL LA TORINA DEL LA TORINA DE LA TORINA DE LA TORINA DEL LA TORINA DEL LA TORINA DEL LA TORINA DE LA TORINA DE LA TORINA DEL LA TO	CONTRACTOR AND ASSESSMENT OF THE CONTRACTOR ASSESSMENT OF THE CONTRACTOR ASSESSMENT OF	NANCO NO SERVICIO	
		Check if Schedule O contains a response to an	y ques	lon in this Part X		······	
					(A) Beginning of year		(B) End of year
Z-přída (ktorý	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 for	ormer c	fficers, directors,			
		trustees, key employees, and highest compensi	ated er	nployees. Complete	A STATE OF THE STA	(A.2.)	
	Ī	Part II of Schedule L			**************************************	5	engenomensen målikkolikkolytunkengt protompromising til 1884 til 1884 til 1885
	ø	Loans and other receivables from other disquali	fied pe	reons (as defined under		Y	
		section 4958(f)(1)), persons described in section				1 949	
		employers and eponsoring organizations of sect				2500	eministration of
ıA.		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6_	
455C13	7	Notes and loans receivable, net	,	************************************		7	
	B	Inventories for sale or use			0 4 5 6 6	8	70 257
1	9	Prepaid expenses and deferred charges		***************************************	24,340.	6	28,357.
	10a			24 860		3334	
,		basis. Complete Part VI of Schedule D		31,469. 15,735.	22,028.	59453	15,734.
	b	Less: accumulated depreclation		THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR	&&, V&O:		1491426
ļ	11	Investments · publicly traded securities				11	
	12	investments - other securities. See Part IV, line			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	12	
	13	Investments - program-related. See Part IV, line			01000000000000000000000000000000000000	13	
	14	Intangible assets				14	Overtice the second sec
	15	Other assets. See Part IV, line 11			036 631		1,081,905.
	16	Total assets. Add lines 1 through 15 (must equ			936,631. 197,810.	17	186,456
	17	Accounts payable and accrued expenses			A ST J WILL W	16	2007.000
	18	Grants payable			12,500.	18	0.
	19	Deferred revenue			to g w w w w	20	
	20	Tax-exempt bond liabilities			CALLED AND PARTY OF THE PARTY O	21	
3	21	Escrow or custodial account liability. Complete I Loans and other payables to current and former				3.45	
	22	key employees, highest compensated employee				\$ 160	
		Complete Part II of Schedule L			takahir ad Sadahi an natibas ini metana	22	an action has taken to be used a train
	23	Secured mortgages and notes payable to unrela				23	- A CONTRACTOR OF THE PROPERTY
	24	Unsecured notes and loans payable to unrelate			CO-1	24	
	25	Other liabilities (including federal income tax, pa				-	DIE CONTRACTOR DE
	ويمه	parties, and other liabilities not included on lines	-				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			210,310.	26	186,456.
-		Organizations that follow SFAS 117 (ASC 958	il. che	k here 🔊 🏻 🔊 and			
,]		complete lines 27 through 29, and lines 53 an	d 34.	•		्	
	27	Unrestricted net assets			726,321.	27	895,449.
	28	Temporarily restricted net assets			AND DELL'AND AND DELL'AND AND DELL'AND AND DELL'AND AND DELL'AND D	28	
3					Autoroment techniques consumant vital	23	
		Organizations that do not follow SFAS 117 (A				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		and complete lines 30 through 34.			वेशके हैं। इंग्लिस के संबंधित है	4.0	
,						30	
	30	Capital stock or trust principal, or current funds	44.54.54.4.				
		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				31	www.appapayaywapp@distributerialecommencemics&WiFelderiesArces
	31		uipme	nt fund	MANAGEM LANGE	32	
	31 32	Paid-in or capital surplus, or land, building, or eq	uipme come,	or other funds	726,321. 936,631.	32 33	895,449. 1,081,905.

Petr XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 3,691,536. 1 Total revenue (must equal Part VIII, column (A), line 12) 2,3,522,408. 2 Total expenses (must equal Part IX, column (A), line 25) 2,3,522,408. 3 Revenue less expenses. Subtract line 2 trom line 1 3 169,128. 4 Net assets or fund belances at beginning of year (must equal Part X, line 33, column (A)) 4 726,321. 5 Net unrealized gains (losses) on investments 6 5 5 5 5 5 5 5 5 5	Fon	m 980 (2012) HOLLYWOOD PROPERTY OWNERS ALLIANCE	95-4600	5651	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12)	P	art XI Reconciliation of Net Assets			
Total expenses (must equal Part IX, column (A), line 25) 2 3,522,408. Revenue lass expenses. Subtract line 2 from line 1 3 169,128. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 726,321. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 Prior period adjustments 8 7 Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 895,449. Rart XIII Financial Statements and Reporting 0. Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990: Cash A Accrual 0. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2b Were the organization's financial statements compiled or reviewed by an independent accountant? 1	-	Check if Schedule O contains a response to any question in this Part XI	***************************************		
Total expenses (must equal Part IX, column (A), line 25) 2 3,522,408. Revenue lass expenses. Subtract line 2 from line 1 3 169,128. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 726,321. Net unsealized gains (losses) on investments 5 Donated services and use of facilities 6 6 Prior period adjustments 8 7 Investment expenses 7 Net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 9 0. Rart XIII Financial Statements and Reporting 0. Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accoust 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? Yes No Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, or both: Consolidated basis Dethiconsolidated and separate basis. b Were the organization's financial statements and selection of an independent accountant? 22 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis, or both: Consolidated basis Dethiconsolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Dethiconsolidated and separate basis. c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process of using the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization require	*****				
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Column (B)) Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 980: Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Consolidated basis, or both: Separate basis — Consolidated basis — Both consolidated and separate basis. Column (B)	1	Total revenue (must equal Part VIII, column (A), line 12)			
Net assets or fund belances at beginning of year (must equal Part X, line 33, column (A)) 4 726, 321. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund belances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 Prior period adjustments 8 Other changes in net assets or fund belances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 9 0. Net assets or fund balances 4 end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 9 0. Net assets or fund balances 4 end of year. Combine lines 3 through 9 (must equal Part X, line 33, column 9	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,522	,408.
Net unrealized gains (losses) on investments Donated services and use of facilities Frior period adjustments Other changes in net assets or fund balances (exptain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, tine 33, column (8)) Part XII Firnancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yea," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Debth consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yea," check a box below to indicate whether the financial statements for the year were sudited on a separate basis, consolidated basis. Debth consolidated and separate basis. Were the organization's financial statements and selection of an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis. If "Yea," check a box below to indicate whether the financial statements for the year were sudited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. If the organization changed either its oversight process or selection process during the tax year, exptain in Schedule O. As a result of a federal eward, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3	Revenue lass expenses. Subtract line 2 from line 1	3		
Donated services and use of facilities Donated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XIII Firearcial Statements and Reporting Check if Schedule O contains a response to any question in this Part XIII Prior P	Æ,	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	726	,321.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 895,449. Raft XIII Firrancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or soth: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis 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? 2b X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X If "Yes," did the organization undergo the required audit or audi	6	Net unrealized gains (losses) on investments	5	·	
Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis. Consolidated basis Debth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Beth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Beth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Beth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Beth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Beth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Separate basis Separate basis, consolidated basis, or both: Separate basis Consolidated basis Separate basis Separate basis, consolidated basis, or both: Separate basis Consolidated basis Separate basis Separate basis, consolidated basis, or both: Separate basis Consolidated basis Separate basis, or both: Separate basis Consolidated basis Separate basis, or both: Separate basis Consolidated basis Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or	6	Donated services and use of facilities	6		
So Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) (Bart XIII Firrancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XIII 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 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? 2b X 1 Yes, otheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: As Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis,	8	Investment expenses	7		oddensrenne menene
Not a seets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response to any question in this Part XIII	8	Prior period adjustments	8		adamana and ASS (ALIV)
Column (B)) Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O contains a response to any question in this Part XII. Check if Schedule O candidate statements compiled or reviewed or a containt? Check if Schedule O candidated basis, or both: Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check if Schedule O candidated basis consolidated and separate basis. Check	8	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
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Check if Schedule O contains a response to any question in this Part XII			10	895	<u>,449.</u>
Accounting method used to prepare the Form 980:	Pa	rt XII Financial Statements and Reporting			
Accounting method used to prepare the Form 990:	adest contain	Check if Schedule O contains a response to any question in this Pari XII		4 - 143 5 + 5 + 6 5 5 1 1	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis 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. 3a As a result of a federal award, was the organization required to undergo an audit or audite as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Sb				Y	es No
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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: X Separate basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	125	
separate basis, consolidated basis, or both: X Separate basis	22	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	K L
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: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	多数 是	
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consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	Were the organization's financial statements audited by an independent accountant?	4.4	26	X
Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	: basis,		
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	海 黄门	
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a	X
of Euclid Military and College	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	waxaan	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	**(***)***	Contract and Contr	-

Schedule B (Form 690, 880-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.

HOLLYWOOD PROPERTY OWNERS ALLIANCE

OMB No. 1546-0047

2012

Name of the organization

Employer identification number

95-4606651

Organization type (check one): Fliers of: Section: X 501(c)(6) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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)

Employer identification number

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95-4606651

W/\mark	MANATA ENTREMENT F CANTAINING ENTITIES FOR		
Pert	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
gla gywysganaganau	DEPARTMENT OF WATER AND POWER P.O. BOX 51111 LOS ANGELES, CA 90051	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(e) No.	(b) Name, address, and ZiP + 4	(a) Total contributions	(d) Type of contribution
ALLIA RATIN PERSONALIA			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(ø) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Peyroll Nonoash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
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Opposition of the state of the			Person Payroil Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		Schedulo & (Form	990, 990-EZ, or 990-PF) (2012)

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 noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		S	descention delication (All 1965) and the second of the sec
(a) No. from Part I	(b) Description of nancash property given	(c) FMV (or estimats) (see instructions)	(d) Date received
			estationacionamicos paragramma estimativo mentrolis
(e) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (eee instructions)	(d) Date received
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(e) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) ` Date received
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(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part f	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Salah (Cylinghol) (Cyringh) pro-		\$	and the second s
223453 12-21-	12	Schedule 8 (Form 9	00, 590-EZ, or 880-PF) (2012)

| Employer identification number

OLLYWO	OD PROPERTY OWNERS AL	LIANCE	95-4606651
art III	Exclusively religious, shantable, std., interver. Complete columns (a) through (e) and t	viensi contributions to section 50 (c)(/), he following line entry. For organizations c	(6), or (10) organizations that total more than \$1,000 for to ompleting Part III, enter year. (Enter his information units)
	the total of exclusively religious, charitable, et Use duplicate copies of Pert III if addition	c., contributions of \$1,000 or less for the part space is needed.	year. (Enter sis information unde.)
ai No.	33-23-11-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21-00-21	(c) Use of this	(d) Description of how gift is held
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		(e) Transfer of gift	
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coremat		Separate services of the service of	
BILIMANO.			
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	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	(e) Transfer of gift	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 690. See separate instructions.

OMB No. 1645-0047

Open to Public Inspection

Employer Identification number 95 – 4606651

P	HODLIWOOD PROPERTY OW IF [13] Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts, Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	the street of the street of the second of the street of th	
province:	Company of the second s	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	population and the second seco	
2	Aggregate contributions to (during year)		ggigationisationismostory reliablismost to the William in the Commission of the Comm
3			kontoo karandii Xonto, Makee ahaa ahaa ahaa ahaa ahaa ahaa ahaa
4	Aggregate value at end of year	ATTORISM AND A CONTROL OF THE PARTY OF THE P	and a south the second and the secon
5	Did the organization inform all donors and donor advisors in writing	that the ennets held in depar eduiced for	wite
•	are the organization's property, subject to the organization's exclusi		
6	Did the organization inform all grantees, donors, and donor advisor		
v	for charitable purposes and not for the benefit of the donor or donor	· -	-
	Impermissible private benefit?		
D.	IT II Conservation Easements. Complete if the organization	ion anguerors "Vos" to Form 990 Part II	
1	Purpose(s) of conservation easements held by the organization (ch	TM: 1000 (1000) 1000 (1000) 1000 (1000) 1000 (1000) 1000 (1000) 1000 (1000) 1000 (1000	a I bit a A. L. t.
5	Preservation of land for public use (e.g., recreation or educat	- manual	ally impartent land atom
	Protection of natural habitat	Preservation of a certified	
		Theselvation of a cardied	HISTORIC STEERING
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation 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 MANAGEMENT AND ASSESSMENT OF REAL PROPERTY OF THE PROPERTY O
æ.	***************************************	(1001)(10010	28
b	Total acreage restricted by conservation easements		
G	Number of conservation easements on a certified historic structure		2c
Œ	Number of conservation easements included in (c) acquired after 8:	•	
	listed in the National Register		201
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the orgi	enization during the tax
	YOAT IN AMERICAN AND AND AND AND AND AND AND AND AND A		
4	Number of states where property subject to conservation easemen	**************************************	
5	Does the organization have a written policy regarding the periodic r		
	violations, and enforcement of the conservation easements it holds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6	Staff and volunteer hours devoted to monitoring, inspecting, and er		
7	Amount of expenses incurred in monitoring, inspecting, and enforci		
В	Does each conservation easement reported on line 2(d) above satisfied		
	and section 170(h)(4)(B)(li)?	**************************************	Yes L No
8	In Part XIII, describe how the organization reports conservation eas		
	include, if applicable, the text of the footnote to the organization's fi	inancial statements that describes the o	rganization's accounting for
-	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art,	•	Similar Assets.
NEWSKOW.	Complete if the organization answered "Yes" to Form 990, P		alightisty, g. del vin mennen met myrkel rementen mer ved vir relation del de appropriet propriet programment plansk mennen met.
10	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 o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	ese items.	
i)	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, educatio	n, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		·
	(i) Revenues Included In Form 990, Part VIII, line 1		🔊 \$
	(i) Revenues included in Form 990, Part VIII, line 1		№ 6
2	If the organization received or held works of art, historical treasures,		
	the following amounts required to be reported under SFAS 116 (ASI		· ·
8	Revenues included in Form 990, Part VIII, line 1		\$
kı	Assets included in Form 990, Part X		* \$
-			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	- 1990 m	Schedule D (Form 980) 2012

232051 12-10-12

Schedule D (Form 990) 2012 HOLLYWOOD PR Part VIII Investments - Other Securities, See	(OPERTY OWNE) Form 990, Part X, line 1	RS ALLIAN 2	VCE 9	5-4606651
(83) Description of Security of 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			Construction of artist's \$1 \$4,500,500 persons represent the selection of	in proposition and a state of a superproposition and a state of the st
(3) Other ·	227 Mari A. 1807 Mari			
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(B)				THE COLUMN THE CAPACITY OF THE
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Part IX Other Assets. See Form 990, Part X, line 15.	- HISTORY PRESENCE AND AND AND AND AND AND AND AND AND AND	And the second second second second	the state of the s	en et al. andere en en en en en en en en en en en en en
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ari X Other Liabilities. See Form 990, Part X, line:	25.	Anna Antala (Antala da Antala da Ant	THE PERSON AND THE PE	& shake no extendence common construction and a second
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Sch	edule D (Form 990) 2012 HOLLYWOOD PROPERTY OWNERS ALLIANCE IT XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per	95-4606651 page 4
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
Æ	4 1	
k		-1
¢	Recoveries of prior year grants 2c	
Ø		
e	Secretaria de la companya della companya della companya de la companya della comp	20
3	Subtract line 2e from line 1	3
đ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	7.73
81		
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ø	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 65 1
Pai	rt XII: Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Fictur
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 980, Part IX, line 26:	
誑	Donated services and use of facilities 2a	
£0	Prior year adjustments 2b	
Ø	Other losses 20	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	7 2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	(244.0)
	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
	Add lines 4e and 4b	46
5	Total expenses. Add ilnes 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Par	tXIII Supplemental Information	CONTRACTOR OF THE PROPERTY OF
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	
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SCHEDULE J (Form 990)

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.

OMB No. 1545-8047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

Open to Public Inspection Employer identification number

Schedule J (Form 990) 2012

	HOLLYWOOD PROPERTY OWNERS ALLIANCE	Employer id	entification 5065	m numbe
	Part [] Questions Regarding Compensation	33 - E	COOUC.	
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 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 Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, of Personal services (e.g., maid	nal use sidence nef)	16	Yes No
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization certains compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Indicate which, if any, of the following the filing organization used to establish the compensation of the organization establish compensation of the organization of the organization establish compensation of the organization of the organization of the organization of the organization used to establish the compensation of the organization establish the compensation of the organization of the organization used to establish the compensation of the organization org	ion's n to	2	
			4a 4b 4c	X X X
5 8 b	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization?	*******************************	5e	
6 a	For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation contingent on the net earnings of: The organization?	•••••••••••••••••••••••••••••••••••••••	5b	Manual Control of Cont
•	If "Yes" to line 6e or 6b, describe in Part III. 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 67 If "Yes," describe in Part III.		6a 6b	M 484
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Pegulations section 53.4958-6(c)?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8	and the control of th
LHA	Hegulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Rehadida I	9	1 60 A 50

HOLLYWOOD PROPERTY OWNERS ALLIANCE Schedule J (Form 990) 2012

Parkii: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 95-4606651

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).

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.

AND THE PROPERTY OF THE PROPER		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nonfaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	bereffis	(a)·(v)(a)	reported as deferred in prior Form 990
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ASSOCIATE EXECUTIVE DIRECTOR	(11)	0	0.	0.	• •	٩	7	
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Schedule J (Form 990) 2012

SCHEDULE () (Form 990 or 990-EZ)

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. 1546-0047

2012
Open to Public
Inepsetion

Department of the Treasury Internal Revenue Service
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.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 932211

Scriedus O (Form sec of 990-EZ) (2012)	Page 2
Name of the organization HOLLYWOOD PROPERTY OWNERS ALLIANCE	Employer identification number 95-4606651
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION F	REVIEWS AND
CONSIDERS ALL REQUESTS BUT WILL MAKE ITS GOVERNING DOCUME	ENTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY LAW ON	A CASE-BY-CASE
BASIS.	
990, PART VII, SECTION A, LINE 1A:	and a supplied to the supplied of the supplied to the supplied
THE EXECUTIVE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR R	ECEIVED TOTAL
COMPENSATION OF \$304,082 (FORM 990, PART VII, SECTION A,	LIME 1B), OF
WHICH \$234,192 (FORM 990, PART IX, LINE 5) WAS PAID BY TH	E ORGANIZATION
AND \$69,890 WAS REIMBURSED BY A THIRD PARTY FOR WHOM THE	ORGANIZATION
HAS CONTRACTED TO PROVIDE MANAGEMENT AND ADMINISTRATIVE S	ERVICES.
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2012 DEPRECIATION AND ANGREGATION REPORT FORM 990 PAGE 10

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

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB Np. 1545-0172

990

Sequence No. 179

Form 4562 (2012)

See separate instructions. Attach to your tax return. Namels) shown on return Business or activity to which this form relates lentinying number HOLLYWOOD PROPERTY OWNERS ALLIANCE FORM 990 PAGE 10 95-4606651 Part I Election To Expense Certain Preperty Under Section 178 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 7 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0.. If married filling separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 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 disaflowed deduction from line 13 of your 2011 Form 4662 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 18 Canyover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Port 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 16 Property subject to section 168(f)(1) election 15 6.294.16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACHS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more peneral asset accounts, check here Section 6 - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (a) Month and (d) Recovery (a) Classification of property (g) Depreciation deduction year placed in service 19e 3-year property 5-year property 7-year property Ĝ 10-year property ď 15-year property g. Ŷ 20-year property 25-year property S/L 25 yrs. Ø 27,5 yrs. MM S/L Ī Residential rental property MM 5/1 27.5 yrs. MM S/L 39 yrs. į Nonresidential real property \$/1 Section C - Assete Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L S/L 40-year 40 yrs. MM 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 (a), and line 21. 6,294. Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

Form 4562 (2012) Part V. Listed Prope	HOL:	LYWOOD	PR(OPERI	ry o	WNER	ALI	LIANC	<u> </u>	************	95	5-460	6651	Pag
Note: For any	vehicle for wh	ich vou ere	ueina t	ha etana	lovd mil	laana mea								
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24a Do you have evidence to	support the bus	iness/investo	ient use	claimed?	>	Ves		246 18 "					anima mana	7
	(b)	(c)	1	(el)	1	(e		(f)	00, 10	(g)	JOI ICO W	CONTRACTOR CONTRACTOR	Yes	(1)
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Form 8868 (Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

le File a senarate amplication for each return.

HANGERSON TO A CO	110 00 00 00 00 00 00 00 00 00 00 00 00	minor obses	**************************************			AND THE PROPERTY OF THE PARTY O	
	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex				.,,		
	hand a second of the second of	an astoms	atic 3-month extension on a previous	slv filed Fo	rm 8868.		
Electroni	s filing (e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of ti	ne to file (f	3 months for a corp	oration	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth exteni	sion of time. You can electronically i	ille Form B	868 to request an e	xtension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	rtain	
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	etronic filing of this f	iorm,	
Secretario de la constante de	irs.gov/efile and click on e-file for Charities & Nanprofits		. I make a language ma		OT THE WAY OF THE PERSON NAMED OF THE PERSON N	SPACES SECTION I EXPLICATION	
Parti					through the same of the same o		
	tion required to file Form 980-T and requesting an autor					. [7]	
Part I only	corporations (including 1120-C filers), partnerships, REM	 NC≪ and t	husts must use Form 7004 to reque	st an exten	sion of time		
to file inco	ome tax returns.			-	Section of the Control of the Contro		
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	r Identification numl		
File by the	HOLLYWOOD PROPERTY OWNERS A		enterent territories de la company de la com		95-460665		
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1680 N. VINE STREET, NO. 4:		tions.	Social se	curity number (SSN	1)	
return. See Instructions.	City, town or post office, state, and ZiP code. For a fo		iress, see instructions.				
***************************************	HOLLYWOOD, CA 90028	(NOSSING CAMPAGNICAL CAMPAGNIC	OBCOTOTOTO CONTRACTO DE PROPERTO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE 		***************************************		
Enter the l	Return code for the return that this application is for (file	e a separa	tte application for each return)	. ,	.,	011	
Application	DN	Return	Application			Return	
Is For Code Is For Code							
Form 990	or Form 990 EZ	01	Form 990-T (corporation)	********	manadonandary amandika Obara e e estimana a ara des	07	
Form 990-	BL	02	Form 1041-A		***************************************	08	
manufacture and a second secon	(Individual)	03	Form 4720	********		09	
Form 990-	AND AND AND AND AND AND AND AND AND AND	04	Form 5227	TOTAL PROPERTY.		10	
The state of the s	T (sec. 401(a) or 408(a) trust)	05	Form 6069	المستحدد والمحاولة والمحاو		12	
Form 990-	T (trust other than above) KEN COELHO, C/0	06	Form 8870	***************************************		54	
e we les	oke are in the care of > 11766 WILSHIRE	RIAM	. #900 - LOS ANGEL	ES. C	A 90025-15	i86	
* Ine por	one No. (310)478-4148		MALLE BY				
#####################################	rganization does not have an office or place of business	s in the Ur	41/2010/1/19/2016/powersonersonersonersonersonersonersonerson	MARKAGE PARTIES AND AND AND AND AND AND AND AND AND AND		. 🔲	
* If this is	of or a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole group, c	ineck this	
box 🌬 🗓	. If it is for part of the group, check this box	and atta	uch a list with the names and EINs o	f all memb	ers the extension is	for.	
	uest an automatic 3-month (6 months for a corporation				***************************************		
	AUGUST 15, 2013 to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension		
	r the organization's return for:						
يا الله	X calendar year 2012 or		al analiza				
<u></u> }	tax year beginning	, ari	o sugary		*		
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period		•				
		PATROPHEN TO SELECTION AND ADDRESS OF THE PARTY OF THE PA					
	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6089, e	nter the tentative tax, less any		*	0.	
	refundable credits. See instructions.		the state of the state of	3a	\$	<u>u</u>	
	s application is for Form 990-PF, 990-T, 4720, or 6069,			3b	\$	0.	
estin	nated tax payments made. Include any prior year overp	ayment al	Howed as a credit.	- Jou	· Acean	Secretaristic electronisticos	
	ince due. Subtract line 3b from line 3a. Include your pa eing EFTPS (Electronic Federal Tax Payment System). t			36	\$	0.	
Coutters if	f you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and F		EO for payment Inst		
	r Privacy Act and Paperwork Reduction Act Notice,				Form 8968 (R	ev. 1-2013)	

Form 8879-EO

IRS $_{e\text{-}\mathit{file}}$ Signature Authorization for an Exempt Organization

non		
d ending	.20	90

PS

OMB No. 1545-1878

	, South of the publishing the state of the publishing the publishi	^V	ZUTZ
Department of the Treasury Internal Revenus Service	Do not send to the IRS. Keep for your records.		
Name of exempt organization		Employer	identification number
	PERTY OWNERS ALLIANCE	95-4	606651
Name and title of officer		(m., m., m., m., m., m., m., m., m., m.,	ACTION STATE OF THE PARTY AND PROPERTY OF THE CONTRACT AND PROPERTY CANADISTS OF THE PARTY OF TH
KERRY MORRISO			
EXECUTIVE DIR			
Part Type of I	Return and Return Information (Whole Dollars Only)		
on line 1s, 2s, 3s, 4s, or 5;	m for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave l	ine 1b. 2b. 3b. 4b. or 5b.
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ib	3691536
2e Form 990-EZ check her	homen	25	
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3h	
4a Form 990 PF check her	b Tax based on investment income (Form 990-PF, Part VI, Ilne 5)	ath	
5a Form 8868 check here	h Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5h	
	\$	***** ***** ***	
Part II Declarati	on and Signature Authorization of Officer		
electronic return and accomfurther declare that the amountermediate service provide (a) an acknowledgement of the date of any refund. If as debit) entry to the financial return, and the financial installable 353-4537 no later that processing of the electronic	I declare that I am an officer of the above organization and that I have examined a copy of apanying schedules and statements and to the best of my knowledge and belief, they are punt in Part I above is the amount shown on the copy of the organization's electronic returns to the reason for rejection of the transmitter, or electronic return originator (ERO) to send the organization's return to the receipt or reason for rejection of the transmission, (b) the reason for any delay in process plicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elimitation account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. To 2 business days prior to the payment (settlement) date. I also authorize the financial in payment of taxes to receive confidential information necessary to answer inquiries and opersonal identification number (PIN) as my signature for the organization's electronic retreators funds withdrawal.	e true, consum. I consum. I consum I co	rect, and complete. I ent to allow my to receive from the IRS turn or refund, and (c) ends withdrawal (direct raf taxes owed on this nucleial Agent at nucled in the use related to the
Officer's PIN: check one b	ox only		•
X authorize RBZ	LLP	enter my	PIN 90025
	ERO firm neme	enter my	Enter five numbers, bu do not enter all zeros
is being filed with a	n the organization's tax year 2012 electronically filed return. If I have indicated within this a state agency(les) regulating charities as part of the IRS Fed/State program, I also authore return's disclosure consent screen.	return the orize the at	it a copy of the return forementioned ERO to
indicated within th	e organization, I will enter my PIN as my signature on the organization's tax year 2012 ele is return that a copy of the return is being filed with a state agency(les) regulating charitien or my PIN on the return's disclosure consent screen.	etronically es es part	flied return. If I have of the IRS Fed/State

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 eli 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.

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)

Officer's algnature

TAXABLE YEAR 2012

California Exempt Organization Annual Information Return

226841 12-16-12 FORM

199

_			The state of the s	year	, and ending month	Celfornie corpo		day year -
Co	rporation/Or	ganizz	tion Name			Conjúnio ocipo	· QUIDIT · ·	51100
~~	<u></u>	ሊ ሊነ	PROPERTY OWNERS ALLIANCE			19900)61	
			or PMB no.)			FEIN		
			/INE STREET, NO. 414			95-40	506	651
CI		*******	State State	te	ZIP Code	The second section of the second seco		
)LLYW	OOI	C		90028			
A	First Retu		Yes 🔏 No	J	lf exempt under R&TC Section	n 29701d, has t	ne orga	enization
В	Amended	Aeit	rn e Yes 🗶 No	(during the year: (1) participate	ed in any politic	al cam	pæign,
C	IRC Secti	on 49	47(a)(1)trust Yes X No		or (2) attempted to influence I			
D	Final Retu		·		or (3) made an election under			
	&	Disso			(relating to lobbying by public		,	● Yes No
	6	Merg	ed/Reorganized Enter date:	1	if "Yes," complete and attach f	orm F18 3509.	007	704.0 e
E		_	ing method:	K	is the organization exempt un	der kall sech	011 23 <i>1</i> wher	701g? € Yes 🔀 No
	(1)				If "Yes," onter the gross receip			é:
F	Federal re		filed?	1.	sources If organization is exempt unde	DOTO Coding	 ስያያስ	d and ic
	(1)	j 991	or (2) • 990(PF) (3) • Sch H (990)		n organization is exempt unde exclusively religious, educatio			
G			filling for the subordinates/affiliates? Yes 🗓 No	' '	excausively religious, education supported primarily (60% or i	mar, or onarmor money hy nyhiic	enatri	hutions.
	if "Yes," a	ttach	a roster. See instructions		check box. No filing fee is req			
Н	is this or	janiz	tition in a group exemption?	6a.	le the argentization a limited i	ishlih Compar	 IV?	Yes X No
	if "Ves," v	mata	the parent's name?	84 1	Did the organization file Form	100 or Form 10)9 to	
	Did No. or		ation have any changes in its activities, governing	۱" :	report taxable income?	,		Yes X No
1			icles of incorporation, or bylaws that have	0	is the organization under Bud	ii by the IRS or	nas th	e
	not hear	ronni	ted to the Franchise Tax Board? Yes X No		IRS audited in a prior year?			• Yes X No
	If "Vec " a	volsti	, and attach copies of revised documents.					
P	arti C	ome	ete Part I valese not required to Ille this form. See Coneral in	aude	tions B and C.			
-		1	Gross sales or receipts from other sources. From Side 2, Part	II, line	e8 ,,,,,,,,,,,,,,,,,,,,,,		1	3,686,536.00
		2	Grace duce and assessments from members and affiliates				2	00
		8	Gross contributions, gifts, grants, and similar amounts receive	ad	gr	IMT 1 🏻	3	5,000.00
F	levelpts	4	Total gross receipts for filing requirement test. Add line 1 through	ոնը կ	กะ 3.			
	and		This line must be completed. If the result is less than \$50,00		General Instruction B		4	3,691,536.00
R	evenues	5	Cost of goods sold		6 6	00		
		6	Cost or other basis, and sales expenses of assets sold	.,,,,,,,,		00	7	
		7	Total costs, Add line 5 and line 6		******	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 6	3,691,536.00
************	men en 8	Total gross income. Subtract line 7 from line 4		***************************************	6	9	3,522,408.00	
Ē	xpenses	9	Total expenses and disbursements. From Side 2, Part II, line 1	18	A f B = 0		10	169,128.00
	пролосо	10	Excess of receipts over expenses and disbursements. Subtract	n line	9 Trom line 8		11	10.00
		11	Filing fee \$10 or \$25. See General Instruction F				12	00
	Filing	12	Total payments Penalties and Interest. See General Instruction J		************************************		13	00
	Fee	13			*******************************		14	00
		14	Buttone due Add line 44 flee 40 and line 44 Then published	line 1	2 from the regult		15	10.00
		15 Unde	BARRECE GRE, AND THE 1, the 15, and the 14. Then subsect in pending of perjuly, I declare that I have examined this return, including a us, correct, and complete. Declaration of preparer (other than taxpeyer) is 1	eccorn;	panying schedules and statements	, and to the best o	my kh	owiedge and belief,
er: a	10.	il is i	us, correct, and complete. Declaration of preparer (other than texpayer) is t	besed Hit g	on all information of which prepare to	s nas eny knowieu Dale	ĝe.	§ © Telaphone
Sig	ì	Sign	dure		RECUTIVE DIRE			(323)463-6767
He	6	01.001	CSS P		Date	Check II		é PIRV
		Prep	irer's		l	eetl-amployed		P00444713
Pel	ď		s namé					6 FEIN
	parer's	(or ye	RBZ, LLP					95-3439541
	Only		oyed 11766 WILSHIRE BLVD., 9T	H	FLR			& Telephone
			does LOS ANGELES, CA 90025			-		(310) 478-4148
		May	the FTB discuss this return with the preparer shown above? Se	e inst	tructions	elx	Yes	L No
, menic	a delicitativo delentralmenta e in den de		AND AND AND AND AND AND AND AND AND AND					

95-4606651

HOLLYWOOD PROPERTY OWNERS ALLIANCE

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

	1	Gross sales or receipts from a	li husiness activities. See in:	structions	}	Œ	1	
		Interest						7,810.00
		Dividends					\$	00
Receipts								00
frem		Gross rents					5	00
	5	Gross royalties	nto of anasta (Can Instruction	ool				00
Other	7	Gross amount received from s Other Income	ais di sessis (ass mendon	410 <i>]</i>	SEE STE	TEMENT 2	7	3,678,726.00
Sources	1	Total gross sales or receipts fr	am Athar Bauraan Add lina	4 through	h ling 7 Enter harmand	on Side 1 Part I line 1	8	3,686,536.00
		Contributions, gifts, grants, an						00
								00
	44	Disbursements to or for memb Compensation of officers, direc	tore and truetoes	**********	SEE STA	TEMENT 3	111	234,192.00
		Other salaries and wages						143,414.00
Exponses		Interest					13	331.00
end		Taxes					THE REAL PROPERTY.	24,416.00
							******	42,061.00
Disburse-		Rents					-	6,294.00
mente	16	Depreciation and depletion (Se Other Expenses and Disbursen	e 1928 Actione) ''''''	***********	CEE CTA	TEMENT A		3,071,700.00
	17	Other Expenses and Dispursen	HERITS			ka sissaan ka	18	<u> </u>
Schedu		Total expenses and disbursem Balance Sheets	ents. Add line y Infough iini Beginalni			En 1, mie 5 En		(eble year
Assets	IIE L	DRIENUS ONGES	(a)	y vi taxes	(b)	(c)		(6)
				arid .	504,320.		W.M.	 854,630.
		1:41512***********************************		1984 3880	385,943.			ē 183,184.
		receivable		928]	107,729	E Carteria de Comerca de Districto de Victorio de Carteria de Cart	idolaharan .	&
		ivable		688 (6 88		3 24 3 4 5 6 6	300 S	<u> </u>
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		other bonds		1845 1845	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		30 70 W	•
		stock		310		Charles and Charle		
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		ents			overestandenskir and and	252001111111111111111111111111111111111		annistra Marchard Designation (2017)
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		ulated depreciation	(9,441.		22,028.	Commence of the Party of the Pa	and the same of	THE RESIDENCE OF THE PARTY OF T
ff Land		STMT 5					17.5	· 28,357.
			Commence of the Commence of th	<u> </u>	24,340.		<i>55.</i> (\$)	* 28,357. 1,081,905.
					936,631.	1982 (1982 (ALC) 1982 (A		Transfer and the control of the cont
Llabilities a		worth			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Application of the second		• 186,456.
					197,810.		8, 450	COMPANY OF THE PROPERTY OF THE
		gifts, or grants payable						**************************************
të Bonds a	and not	es payable				Taken in the party was the	0.04.	
17 Mortgag	ges pay	able STMT 6				16-78 / 7-894 / 100		C
18 Other lis	abilities	STMT 6			12,500.		30 V 30 V	
19 Capital s	stock o	r principle fund						•
	-	surplus. Attach reconciliation						• 08E
		ngs or Income fund			726,321.	3.00	3.4	* 895,449.
					936,631.		89-8K	1,081,905.
Schedul	e M-1	f Reconciliation of income	per books with income pe	r retorn	a din antumo (di) in inn	n 45nm 850 000		
			dule if the amount on Sche			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
1 Net inco		* * * * * * * * * * * * * * * * * * * *	V-10-10-10-10-10-10-10-10-10-10-10-10-10-	J.&G .	7 Income recorded			CONTRACTOR DESIGNATION OF THE PROPERTY OF THE
2 Federal i					not included in th		,	
	-	al losses over capital gains	AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRE	*************	8 Deductions in this	-		
		orded on books this year	**************************************	935901.5551		ome this year		©
		ded on books this year not			9 Total. Add fine 7 a		,,,,,,,,,	10000000000000000000000000000000000000
deducted				770	10 Net Income per re			169,128.
6 Total Ad	ad line 1	f through line 5	169,	1800	Subtract line 9 fro	om line 8		L d d d s d d d d

form 199 Casi	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	S	TATEMENT	1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	TUUOMA	
DEPARTMENT OF WATER AND POWER	P.O. BOX 51111 LOS ANGELES, CA 90051	05/30/12	5,000	000.
			r 864	
TOTAL INCLUDED ON LINE 3		C	5,000	1-2-2-2
TOTAL INCLUDED ON LINE 3 FORM 199	OTHER INCOME	S	TATEMENT	2
FORM 199	OTHER INCOME	S		1-2
		S	TATEMENT	20.0

FORM 199 COMPENSATION OF OR	FFICERS, 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	
DON MUSHIN 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	DIRECTOR / SECRETARY 2.00	0.
MONICA YAMADA 1680 N. VINE STREET, NO. 414 MOLLYWOOD, CA 90028	DIRECTOR / TREASURER 2.00	0.
REG BECK 680 N. VINE STREET, NO. 414 OLLYWOOD, CA 90028	DIRECTOR 2.00	0.
HRISTOPHER BONBRIGHT 680 N. VINE STREET, NO. 414 OLLYWOOD, CA 90028	DIRECTOR 2.00	0.
HARLIE COLLETTA 680 N. VINE STREET, NO. 414 OLLYWOOD, CA 90028	DIRECTOR 2.00	0.
OSEPH D'AMORE 580 N. VINE STREET, NO. 414 DLLYWOOD, CA 90028	DIRECTOR 2.00	0.
CHAEL GARGANO 880 N. VINE STREET, NO. 414 DLLYWOOD, CA 90028	DIRECTOR 2.00	0.
VID GREEN 80 N. VINE STREET, NO. 414 LLYWOOD, CA 90028	DIRECTOR 2.00	0.
HN LYONS 80 N. VINE STREET, NO. 414 LLYWOOD, 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	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	<u>.</u>	234,192.

FORM 199	OTHER EXPENSES	WWW.		STATEMENT	(CONTAINIAMA
DESCRIPTION				AMOUNT	
SECURITY & MAINTENANCE				2,630,	
CHC EXPENSES				157,	537
CITY FEES				37,	
MISCELLANEOUS EXPENSE				10,	
PENSION PLAN CONTRIBUTIONS					955
OTHER EMPLOYEE BENEFITS				17,	
LEGAL FEES				12,5 51,3	
ACCOUNTING FEES OTHER PROFESSIONAL FEES				28,	
ADVERTISING AND PROMOTION				45,	
OFFICE EXPENSES				17,	
TRAVEL				6,	
INSURANCE				28,	
ALL OTHER EXPENSES	•			26,3	193
TOTAL TO FORM 199, PART II,	LINE 17			3,071,	700
TOTAL TO FORM 199, PART II.	LINE 17 OTHER ASSETS			3,071,	
		BEG.	OF YEAR		£
FORM 199	OTHER ASSETS	BEG.	OF YEAR 24,340.	STATEMENT	?AR
FORM 199 DESCRIPTION	OTHER ASSETS ED CHARGES	BEG.		STATEMENT END OF Y	: : ::::::::::::::::::::::::::::::::::
FORM 199 DESCRIPTION PREPAID EXPENSES AND DEFERE	OTHER ASSETS ED CHARGES	BEG.	24,340.	STATEMENT END OF YE	: :AR :357.
FORM 199 DESCRIPTION PREPAID EXPENSES AND DEFERM FOTAL TO FORM 199, SCHEDULE	OTHER ASSETS ED CHARGES L, LINE 12		24,340.	STATEMENT END OF YE 28,3	! !22AR 357.
FORM 199 DESCRIPTION PREPAID EXPENSES AND DEFERM POTAL TO FORM 199, SCHEDULE FORM 199	OTHER ASSETS ED CHARGES L, LINE 12		24,340.	STATEMENT END OF YE 28,3 28,3	! EAR 357.

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, L	ine 2:	1.	726,321.	895,449.

Corporation Depreciation and Amortization



CALIFORNIA FORM

Attach to Form 100 or Forn	1 100W .			FORM	1 199		-,-,,			FE.	IN	95-40	06651
Corporation name											Califo	omia corpora	ladmun nol
HOLLYWOOD PR	^ VMGGGA	የ <i>ለ</i> የአማተወየን <i>የነ</i>	******	\$\$\$\$								199006	. n
Part I Election To Expensi	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	······································	NCE		············	· COTONCO MARI	operande a supplication of the supplication of	KANCARINGSIVA)			133000) T
1 Meximum deduction und				over all the contract of the special production of the special of		energy and the	**********	CONTROL VALUE OF CONTROL	***********		1	TAY SOUTH CONTRACTOR OF THE PARTY OF	\$25,00
2 Total cost of IRC Section	179 property pla	ced in servi	C6								2		4.010
& Threshold cost of IRC Se											3		\$200,00
4 Reduction in limitation. S	Subtract line 3 from	n ilne 2. If z	ero or less, ent	er -0-	*************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,.,	4		COSTON CONTRACTOR CONT
5 Dollar limitation for taxat	ole year. Subtract i	ine 4 from l	ine 1. If zero oi	less, enter -0-	•		******			43114	6		
	Description of pro	perty		(b) Cost	(business use o	only)	************	(c) Elected	cost		8.2		
Potto a punhakenthaumen varytyj vi i ja marzenstvi vi		THE AND ALL PROPERTY OF THE PARTY OF THE PAR	STATE OF THE PARTY		······································		***********	WATER THE PERSON NAMED IN					
7 Listed property (alcohol)	IOO Caallan 170's						1 40	T			i in a		
7 Listed property (elected I 8 Total elected cost of IRC	Section 179 c	astu Addon	nounte la colum	nn fel inn A e	ad tina 7	4	<u>L.</u>		Çirşi Ağala nınının	warin 	81. A.		16.77. N. 10.1
9 Tentative deduction. Ente	occion i i o propi er the smaller of K	na 5 or line	a A	un (c), snė o ai	iiQ Biiş /			11******			G	CALIFORNIA PROPERTY PROCESSION AND A STATE OF THE PROPERTY OF	The state of the s
10 Carryover of disallowed (isduction from or	or taxable v	aars	****************	***************************************	******					10	Additional and the second	CHETCHING CONTRACTOR
11 Business Income limitation	on. Enter the smal	er of busine	ess income (no	t less than zero	o) or line 5		,,,,,,,,,,				11		ar electricity (- proph by 1000 by 10
12 IRC Section 179 expense	deduction. Add ()	ne 9 and lin	e 10, but do no	t enter more th	nan line 11			,,,,,,,,,,,,,	,,.,.		12		(,), , , , , , , , , , , , , , , , , ,
13 Carryover of disallowed of	laduction to 2013.	Add line 9	and line 10, les	s line 12			13			-		1000	
Part II Depreciation and El	ection of Addition	al First Ye	ır Expense Do	duction Under	R&TC Section	24350	}				*******	***************************************	
(a) Description property	(6)		(6)		(d)		(e)	(1 Life)	,	No me.	(g) éclation	(h)
Description brobbits	Date acquired		lost or er basis		n allowed or earlier years		reclation ethod	rat				is year	Additional first year depreciation
14 30 LEASEHO	T.D TWEE	NATIONAL EXP	YOU CE		THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	<u> </u>		<u> </u>		************			debiecistion
V VV LILLACIANIA	07/01/1		17,469.		9,441.	27		15.0	ለ	and the same of th	وحدوا فالماروس	6,294.	
	() () () () () () () ()		and the factor of the factor of		- / 2 2 2 4			+	<u> </u>		THE PERSON NAMED IN	AL E STATE OF) ************************************
WAREAU CONNECTION OF THE PARTY		1	***************************************	************	<u> </u>	-	***************************************			**********			·······
emplanta programme (Albert Albert Alb			********************	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		-		ricpensor Euris (E	******	***************************************	azce/s
		To the second										···) are an expensive and a second
							*****			de matrial de marcon	*******		
15 Add the amounts in colum			•									ere era era b	
See instructions for line 1	4, column (h)	<u> </u>						unir contra	15	******		6,294.	CONTRACTOR OF THE SECOND
Part III Summery 16 Total: If the corporation is	ciantina:	**********	\$450.E550.A550.A550.A550.A550.A550.A550.A5	COSTACONAL PRODUCTION OF THE	***************************************			····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		₋		· · · · · · · · · · · · · · · · · · ·
IRC Section 179 expense,	add the amount o	n line 12 ar	id line 15, colu	mn (g); or						ı]		
IRC Section 179 expense, Additional first year depre Depreciation (if no election	ciation under R&T	C Section 2	4356 , add the $\frac{1}{2}$	emounts on lin	ie 15, columns	(g) an	¢ (h), a	ſ			16		6,294
17 Total depreciation claimed	for federal ouron	ses from fe	teral Form 456	2. line 22	*****************	• • • • • • • • •					17	Addition of the second	$\frac{5}{6}, \frac{294}{294}$
18 Depreciation adjustment, f												**************************************	
If line 17 is less than line 1	_		•					-		- 1	l	•	
amounts are used to deter	mine net income l	efore state	adjustments o	n Form 100 or	Form 100W, n	o soju	stment	is necessa	ry.)		18	Photos and removement and con-	0
Part IV Amortization		******************************	pp			,	-		······································	, ,		March Colorate Colora	(145)-(
(a) Description of proper	th/ Date	(b) acquired		o) st or	(d Amortization	i) Laileu	24 24	R&TC	١,	(f) erlod	_	g) Amorti) modina
populitation of brobot	, Date	សក្សា ១០		basis	allowable in			section	pe	rcente		for this	
18	. OCONTRACTOR AND AND AND AND AND AND AND AND AND AND							(see instructio	ns)				MANAGEMENT AND THE PROPERTY OF
I D				·····				***************************************		ENGINE NE CO		Arthur Cart Walter Indiana	A Armond Novilland spendanting
					A CONTRACTOR AND AND AND AND AND AND AND AND AND AND	-				-ALCOHOLD		en en en en en en en en en en en en en e	
**************************************	*************************	man patronesson a				extrementaries.				CHANGE CO.	*****	T*ATTOTOTOTO (*****************************	d initialization of the theological parties.
NATIONAL NATIONAL PORTINAL AND AN ANTICAL PROPERTY AND AND AND AND AND AND AND AND AND AND			AND AND AND AND AND AND AND AND AND AND	**************************************	ASSESSMENT AND ASSESSMENT	4-10-1-10-V-04-V	*************************************	THE RESERVE AND A SECOND				THE RESERVE TO THE PARTY OF THE	
			***************************************									Davience reserve	
				- d-i-otric								***************************************	7************
20 Total. Add the amounts in o										· -	20		
1 Total amortization claimed								,			21		
2 Amortization adjustment, If													
Side 1, line 6. If line 21 is le	ss man ine zu, ei	irst ris ougs	nence here and	a on Form 10 0	or form 100W	r, Side	i, ine			L.	22		

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 mall 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 fib.oa.gov for more information.

___ 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

and Exempt Orgs e-filed Returns 2012

CALIFORNIA FORM

3586 (e-file)

1990061

HOLL 95-4606651

TYB 01-01-12

TYE 12-31-12 FORM 3

HOLLYWOOD PROPERTY OWNERS ALLIANCE

1680 N VINE STREET NO 414

HOLLYWOOD

90028 CA

(323) 463-6767

Total Payment Amt

12

10.

Date Acc	epted				DONOIM	AIL IMIS FUMM IU PID
TAXABLE 201	2. Exe	ifornia e-file R empt Organiza		ation for		FORM 8453-EO
HOLLY		erty owners al	LIANCE			95-4606651
1 Total 2 Total	gross receipts (For gross income (For	Information (whole dollar m 199, line 4) m 199, line 8) sursements (Form 199, line		***********************		<u> </u>
Part III 5 Routin	Electronic funds wit Banking Informati	nt Electronically for Taxo indrawal 4s Amount on (Have you verified the c	xempt organization's bank	46 Withdrawaling information?) 7 Type of account:	date (MM/DD/	
transmitter, California el a balance di organization statements i delayed, I a	or intermediate service ectronic return. To the re return, I understand will remain liable for the transmitted to the F	e provider and the amounts in best of my knowledge and bu I that it the Granchica Tay Roa	Part I above agree with the at slief, the exempt organization's rd (FTB) does not receive full a le interest and penalties. I auth r intermediate service provider late service provider, the rea	mounts on the correspond the correct, and timely payment of the horize the exempt organt. If the processing of the correspond of the processing of the correspond to the corre	nding lines of the and complete. If t ne exempt organi sization return and ne exempt organi	the exempt organization is tiling zation's fee liability, the exempt d accompanying schedules and
I declare that	I have reviewed the s	stronic Return Originator above exempt organization's r	(ERO) and Paid Preparer	orm FTB 8453-EO are co	omplete and corre	ect to the best of my knowledge. (If I are, however, that form FTB 8453-E0
accurately reprovided the 1346, 2012 the exempt of I declare that	flects the data on the organization officer w s-file Handbook for Au organization return is to the baye examined the	return.) I have obtained the or vith a copy of all forms and int othorized e-file Providers. I will lifed, whichever is later, and it	ganization officer's signature formation that I will file with the I keep form FTB 8453-EO on fi will make a copy available to the return and accompanying schi	on form FTB 8453-EO b e FTB, and I have follow ile for four years from the e FTB upon request. If edules and statements,	efore transmitting ed all other requi- ne due date of the i am also the paid	o this return to the FTB; I have rements described in FTB Pub. return or four years from the date preparer, under penalties of perjury, my knowledge and belief, they are
ERO 🖑	O,e-		Date	Check II also paid preparer	Check if self- employs	
Sign and	n'e name (or yours elf-employed) i address	RBZ, LLP 11766 WILSHI LOS ANGELES,	CA			FEIN 95-3439541 ZIP Code 90025
Under penali and belief, th	ies of perjury, t declar ey are true, correct, ar	e that I have examined the abo nd complete. I make this decla	ove organization's return and a ration based on all informatio	accompanying schedule n of which I have knowl	es and statements edge.	s, and to the best of my knowledge
Paid Preparer Must	Firm's name (or yours	& RBZ, LLP	ad mengaga jawa dispinisa ning jagan mengadi dispinasa kentang mengadi dispinasi kentang mendidak disebah disp	Date	Check if self- employed	Peld preparer's PTIN P00444713 FEIN 95-3439541
Sign	il salf-employed) and address	11766 WILS LOS ANGELE		TH FLR		ZIP Code 90025
For Privacy	Notice, get form i		NE HORROTORO COCKADO COCKADA CARLA LA LA LA LA LA LA LA LA LA CARLA LA LA LA CARLA LA LA CARLA LA CARLA LA CAR		PROMINENTAL PROMINENTAL PROMINEN	FTB 8453-EO 2012

12-11-12

TAXABLE YEAR

California Exempt Organization Annual Information Return

128941 12-16-11 FORM

201	Annual Information Return			199
SCHOOL STATE	2011 or fiscal year beginning month day year , and ending month		day	year .
-	ganization name	California corpo	ration number	
***** * *****	TIES SHEET AND STEELS STEELS STEELS	19900)61	
	OOD PROPERTY OWNERS ALLIANCE CLIENT'S COPY	FEIN		ACCOUNTS
	. VINE STREET, NO. 414	95-46	06651	
City	State ZtP Code			
HOLLYW	OOD CA 90028	_1		REMODERATION AND THE PROPERTY OF THE PROPERTY
A First Ret	rn Yes X No J If exempt under R&TC Section			1
B Amender	Return Yes X No during the year; (1) participate on 4947(a)(1)trust Yes X No or (2) attempted to influence	en in any ponus Jenisistina na sa	xı vanıpayın, v ballot measu	ire.
	The state of the s			, w ₁
D Final Ret	urn or (3) made an election under Yes LX_I No or (3) made an election under Dissolved • Surrendered (Withdrawn) (relating to lobbying by public			Yes X No
	Marrod/Regressized Enter date: If "Yes," complete and attach to	form FTB 3509.		
	counting method: K is the organization exempt un	nder R&TC Secti	on 23701g?	Yes X No
(1)	Cash (2) X Accrual (3) Other If "Yes," enter the gross recent			_
	sturn filed? sources			\$
(1) €	9907 (2) € 990(PF) (3) € Sch H (990) L If organization is exempt und			15
6 is this a	roup filing for the subordinates/affiliates? Yes X No exclusively religious, education supported primarily (50% or	more) by nublic	e, and o contributions	_
11 "Yes," a	Voc V No check how No filling fee is reg	wired.		*
H Is this or	ganization in a group exemption? Yes No check box. No filing fee is required that is the parent's name?	Liability Compar	y?	Yes X No
11 155, 1	is Did the exception file form	100 or Fario 16	19 to	
Did the o	roanization have any changes in its activities, governing report taxable income?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes X No
Instrume	at, articles of incorporation, or bylaws that have 0 is the organization under aud	IN DA TUG IMP OF	nas m o	
not been	reported to the Franchise Tax Board?	,		● L Yes LX_INO
If "Yes," 6	xplain, and attach copies of revised documents.		~~~~~	10000
Parti (omplete Part I unless not required to file this form. See General Instructions B and C.	•	1 3	,677,192.00
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 2 Gross dues and assessments from members and affiliates	.,,	2	00
	2 Gross dues and assessments from members and armiates 3 Gross contributions, gifts, grants, and similar amounts received	.,,,,,,	3	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
and	This line must be completed. If the result is less than \$25,000, see General Instruction B	fittisservinger:	4 3	<u>,677,192.00</u>
Revonues	5 Cost of goods sold	00		
	6 Cost or other basis, and sales expenses of assets sold 6	752.00	- 11 W. Sept.	763 00
	7 Total costs, Add line 5 and line 6	**************************************	8 3	752.00 ,676,440.00
	8 Total gross income. Subtract line 7 from line 4	<u>*************************************</u>	9 3	,553,798.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	122,642.00
			11	10.00
	11 Filing fee \$10 or \$25. See General Instruction F 12 Total payments		12	00
Filling	13 Penalties and Interest. See General Instruction J		13	00
Fee	14 Lise tax See General Instruction K		14	00
	and make a second stand of the 40 and time 44. Then explicate time 42 from the testility		15	10.00
	15 Balance due. Add line 11, line 13, and line 14. Their sources are 12 from the result. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and elatementa it is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare	o, and to the best of Thee say knowled	ge. ge.	nia beliet,
Bign	Tills	Dale	▼ Tele;	
Here	Signature EXECUTIVE DIRE		(32	3)463-6767
,	Signature CLENTS CODY EXECUTIVE DIRE	Check if	6 P7IN	
	Preparer's cignature 8:12.172	self-employed		444713
Paid .	Firm's name.		& FEIN	
reparer's	(or yours, PRO 1.7.D			3439541
ise Only	employed) 11755 WILSHIRE BLVD, #900		€ Tele;	
· - · · · · · · · · · ·	and address LOS ANGELES, CA 90025	E ster	(31)	**************************************
	May the FTB discuss this return with the preparer shown above? See instructions	e X	LL eaY L	No

128651 12-08-11

Part 8 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. Gross sales or receipts from all business activities. See instructions 00 9,827.00 Interest ______e 2 Dividends _____ 3 00 Gross rents ______ 4 00 Receipts ő OD Gross royalties from 0.00 Gross amount received from sale of assets (See Instructions) STATEMENT 1. Other Other income SEE STATEMENT 2 • <u>3,667,365.00</u> 7 Sources Total gross sales or receipts from other sources. Add fine 1 through line 7. 3,677,192.00 Enter here and on Side 1, Part I, line 1 9 9 Contributions, gifts, grants, and similar amounts paid 10 00 10 Disbursements to or for members <u>143,958.00</u> 11 Compensation of officers, directors, and trustees SEE STATEMENT 3 • 11 197,638.00 12 12 Other salaries and wages _____ Expenses 2,022.00 13 Interest _____e 13 and 23,571.00 14 14 Taxes Disburse-37,141.00 15 15 Rents ments 6,294.00 16 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements SEE STATEMENT 4 • 3,143,174.00 17 3,553,798.00 16 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 End of taxable year Beginning of taxable year Schedule L **Belance Sheets** (0) Assets 504,320. 545,943 1 Cash 385,943. 234,108 2 Net accounts receivable 3 Net notes receivable 4 Inventories 5 Federal and state government obligations Mark Create (D. Sales 6 Investments in other bonds Investments in stock 8 Mortgage loans Other investments 31,469 54.689. 10 a Depreciable assets 22,028. 9,441. 29,074 25,615. b Less accumulated depreciation 11 Land ______ 24,340. 24,340 12 Other assets STMT 5 936,631. TO NORTH OF BURNOS 833,465 13 Total assets Liabilities and net worth 197.810. 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable **经验的证据的 医** 17 Mortgages payable 12,500. 4,251 Other llabilities STMT 6 **"相当为这种数数**" 19 Capital stock or principle fund h in aryun de weye 20 Paid-In or capital surplus. Attach reconciliation ... CONTRACTOR E 726.321. 603,679 21 Retained earnings or income fund all designation of 936.631. 833,465 22 Total liabilities and net worth 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 \$25,000 122,642 1 Net income per books 7 Income recorded on books this year 2 Federal income tax not included in this return 3 Excess of capital losses over capital gains 25、11、15、15、基础人员的总量 4 Income not recorded on books this 8 Deductions in this return not charged year against book income this year 5 Expenses recorded on books this year not Total. Add line 7 and line 8 deducted in this return Net income per return. Total. 122,642. 122.642 Subtract line 9 from line 6 Add line 1 through line 5

FORM 199	GROSS	AMOUNT	r prom	SALE C)F ASS	ETS	***************************************	S?	atemed	r 1
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TOTAL TO FORM 199, PAGE 2, LN 6	23,220.	2	2,468.	A CONTRACTOR OF STATE	0.	O-4-O-4-H-COHRAMON	0.
			***	No to work	- representation the		

FORM 199 OTHE	RINCOME	STATEMENT 2
DESCRIPTION		AMOUNT
HPOA/CHC SERVICE AGREEMENT MARKETING CO-OP ASSESSMENT REVENUE	·	160,000. 8,550. 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, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
MICHAEL GARGANO 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
TOM GOFFIGON 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
DAVID GREEN 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
NATHAN KORMAN 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
JOHN LYONS 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	<u>4</u>	DIRECTOR 2.00	
JAN MARTIN 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	
JIM MCPARTLIN 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	
GALO MEDINA 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	: 0.
LOUIS PELLICCIA 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	4	DIRECTOR 2.00	0.
RON RADACHY 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 41	1	DIRECTOR 2.00	0.
THADDEUS HUNTER SMITH 1680 N. VINE STREET, HOLLYWOOD, CA 90028		1	DIRECTOR 2.00	0.
TEJ SUNDHER 1680 N. VINE STREET, HOLLYWOOD, CA 90028	NO. 414	1	DIRECTOR 2.00	0.

HOLLYWOOD PROPERTY OWNERS ALLIA	INCE					95-460665
JOHN TRONSON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028	ene la companya con constitue de la constitue	DIRECTOR 2.	00			0
KERRY MORRISON 1680 N. VINE STREET, NO. 414 HOLLYWOOD, CA 90028		EXECUTIVE 40.		ror		192,794
TOTAL TO FORM 199, PART II, LINE	11					192,794
FORM 199	OTHER	expenses				STATEMENT
DESCRIPTION					-	THUOMA
SECURITY & MAINTENANCE CHC EXPENSES CITY FEES CONTINGENCY FEES PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE	2.7				•	2,670,651 158,251 35,022 33,340 6,622 25,446 6,000 50,003 40,975 52,918 15,795 4,577 23,965 19,609
FORM 199	OTHER	assets			A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	STATEMENT
DESCRIPTION			BEG.	OF	YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHA	RGES		many to have all all the contract of the contr	24	,340.	24,340
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12		E	24	.340.	24,340

FORM 199	THER LIABILITIES	ngarjamaniya ja waxay sa ahaa ahaa ahaa ahaa ahaa ahaa ahaa	######################################	STATEMENT 6
DESCRIPTION		BEG.	OF YEAR	END OF YEAR
PENSION CONTRIBUTIONS PAYABLE DEFERRED REVENUE		ter day day and the state of th	4,251.	12,500.
TOTAL TO FORM 199, SCHEDULE L, L	INE 18	4	4,251.	12,500.
		Education of the Control of the Cont		
FORM 199	FUND BALANCES			statement 7
DESCRIPTION		BEG.	OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	er er er er er er er er er er er er er e	**************************************	603,679.	726,321.
TOTAL TO FORM 199, SCHEDULE L, L	INE 21	haracat Arramon march (Tyles Communication)	603,679.	726,321.

Corporation Depreciation and Amortization

CALIFORNIA FORM 3885

Attach to Form 100 or Form 1	100W.			FORM	199				FE			06627
Corporation name										Camor	nla corporati	on numper
HOLLYWOOD PRO	VTRAC	OWNERS	ALLTAN	CE							L99006	1
Part Election To Expense (······		
1 Maximum deduction unde	r IRC Section	179 for Californ	ia		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1		\$25,000
2 Total cost of IRC Section	179 property p	laced in service	/114444/11444							2		****
3 Threshold cost of IRC Sec	ition 179 prop	eriy before redu	ction in limitat	ion ,						8		\$200,000
4 Reduction in limitation. Su	ibtract line 3 fi	rom line 2. If zer	o or less, ente	r-0	AL (24) ELECTO SERVET EL (*******	,,,,	4	and any mile district of the second district	
5 Dollar limitation for taxable			e 1. If zero or i	less, enter -0-			(c) Electe	d aget	u		51.0001£11	33.243251C)
	Description of	property	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(b) Cost (b)	usiness use or	<u>1197) </u>	(c) ciscle	น เบรเ				
<u> </u>							······································	*******				被认为 为
	N P-46- 47	1 Annt\					7			100 A		特制限制
7 Listed property (elected IF 8 Total elected cost of IRC S	10 Section 178 Lantisca 170 ar	onariu Arid amr	າແກ່ຣ in ຄຸກໄນໜ	n (c). Ine 6 and	i ilne 7	area area de la composición de la composición de la composición de la composición de la composición de la comp				8		
9 Tentative deduction. Enter	the emailer o	operty. rote and of line 5 or line R	PRICE III VOISI	11 (0), 11/10 0 0.11						9		
10 Carryover of disallowed de	eduction from	orior taxable ve	ars			*********	*******			10	····	
11 Business income limitation	n. Enter the sn	naller of busines	s income (not	less than zero)	or line 5					11		··············
12 IBC Section 179 expense	deduction. Ad	d line 9 and line	10, but do not	enter more tha	ın line 11 🔝		***********		earnes.	12	5 1.4 1.5 (2.5)	A CONTRACTOR
13 Carryover of disallowed de	eduction to 20	12. Add line 9 a	nd line 10, les	s line 12	<u> </u>	1 اینیسی	3	SCHOOL STATEMENT OF THE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERMA	
Pari II Depreciation and Ele	ction of Addit	tional First Year	Expense Ded	uction Under R	&TC Section	24356						T
(E) Description property	(b) Date acquir	ad Co	(v) st or r basis	d) Depreciation allowable in e	allowed or	(6) Depreciati Method	ווס	(f) ie or ate		Deore	g) :ciation is year	(h) Additional first year depreciation
14	<u> </u>					······································						
1.3											~~~~	
**************************************										•		
			ANGEL MENTAL PROPERTY AND AND AND AND AND AND AND AND AND AND									
p., (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1											بالماران بالديان الوسانية الوسانية بالرسانية بالرسانية	
Description of the second seco												
SEE STATEMENT	8		4,689.		5,615.		<u>l</u>			·	···	
15 Add the amounts in colum											6,294.	,
See Instructions for line 14	<u>4, column (h)</u>	***************	transanterangen	TOTAL STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STATE		<u></u>	alakoholioolol	15		Carlotte and April 1981	V.AJE:	MINISTERNAL PROPERTY.
Part III Summary	-landla et									T		······································
16 Total: If the corporation is IRC Section 179 expense, Additional first year depre- Depreciation (if no election	add the amou clation under l n is made), en	int on line 12 an R&TC Section 2 ter the amount f	d line 15, colu 4356, add the rom line 15, c	mn (g); or amounts on lin olumn (g)	e 15, columns	(g) and (h), or		*******	16		6,294.
17 Total depreniation claimed	for federal or	rooses from let	leral Form 456	2, line 22						17		6,294.
48 Depreciation adjustment	f the 17 is an	eater than line 10	3. enter the dif	ference here an	id on Form 10	or Form	100W, Side	e 1, line	₿6.			
If line 17 is less than line 1	i6, enter the d	ifference here at	nd on Form 10	10 or Form 100\	N, Side 1, line	12. (If Cal	tornia depi	eciand	B	1		0.
amounts are used to deter	mine net inco	<u>me before state</u>	adjustments c	in Form 100 or	Form 100W, r	io adjustm	ent is nece	ssary.)	فتفتارون	18	nomening all Wilder Lebes Lebe	V
Part IV Amortization			r		T 7.	٠	1 (6)		 B	************	(ø)
(a) Description of prope	rty	(b) Date acquired	Co	(c) st or r basis	Amortizatio allowable in	d) n allowed e earlier yea	or R& rs sectors	ion	(i Perio perce	od or ntage	Amoi	tization ils year
18											~ 	
<u></u>								A		······································		·
		·M-1					_		·			·
		·····										
					1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			L	20		
20 Total. Add the amounts in 21 Total amortization claimed	column (g)		loral Enem AEL	22 line &é								
21 Total amortization claimed 22 Amortization adjustment. I	ioi iedelai pu	n puses il dill tele Pe acil nedt rates	JCP HEID'i parai Tih adt tatna (i	ference hare an	d on Form 10	O or Form	100W.	*****	,,,			
22 Amortization adjustment. I Side 1, line 6. If line 21 is I	s sist z i sti gri oce shan line (gaes man mic 21 M anter the diff	erance here si	nd on Form 186	or Form 100	N. Side 1.	line 12	, , ,		22		
500 1, mac 0. 11 mm 2 1 15 1	CONTRACTOR CONTRACTOR	-v, vino: tilo diti	J. 51,000 IFB) 0 GI	4,, . 5,,,, 101								

CA 3885	BOSE O VIETA	early was a complete the comple	DEPRI	ECLATION		WACOOLWAND COMMON TO A COMMON	STATE	ÆNT 8
ASSET NO. DESCRIPTI		DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	метно	D LIFE	DEPRE- CIATION	BONUS
1 EQU	IPMEN	r (PHASE 1)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	W0700000000000000000000000000000000000	* Anticomproperopolica	SACRESSIAN COLUMN TO THE PARTY OF THE PARTY	to the control of the	In managery plant was considered to the constant of the consta
		01/01/97 [(PHASE 1)	3,710.	3,710.	200DB	5.00	0.	
		01/01/97	541.	541.	200DB	5.00	0.	
3 EQU	IPMENT	C (PHASE 1) 02/04/97	40Ò.		200DB	5.00		
4 EQU	IPMENT	(PHASE 1)		, OO2	وررانات	5.00	0.	
5 EQU	IPMENT	03/11/97 '(PHASE 1)	108.	108.	200DB	5.00	0.	
		03/18/97	400.	400.	200DB	5.00	0.	
6 EQU	TEMENT	(PHASE 1) 03/20/97	216.	716	200DB	E 00		
7 EQUI	I PMENT	(PHASE 1)	210.	410.	200DB	5.00	0.	
8 EOUT	PMENT	07/07/97 (PHASE 1)	757.	757.	200DB	5.00	0.	
		02/24/99	483.	483.	200DB	5.00	0.	
9 EQUI	PMENT	(PHASE 1) 03/25/99	262					
10 EQUI	PMENT	(PHASE 1)	262.	262.	200DB	5.00	0.	
11 EOUT	DMWN	06/23/99 (PHASE 1)	55.	55.	200DB	5.00	0.	
		07/21/99	58.	58.	200DB	5.00	0.	
12 EQUI	PMENT	(PHASE 1)	F" 4 &					
13 EQUI	PMENT	10/27/99 (PHASE 1)	. 516.	516.	200DB	5.00	0.	
		07/01/00	442.	442.	200DB	5.00	۵.	
		(PHASE 1) 01/01/97	249.	249.	20058	7.00	n	
15 FURN	ITORE	(PHASE 1)		21276	200D	7.00	0.	
16 FURNI	CTURE	02/24/99 (PHASE 1)	30.	30.	200DB	7.00	0.	
		04/23/99	61.	61. 2	aq008	7.00	0.	
11 FORNI	TURE	(PHASE 1) 07/01/01	1,261.			7 00		
18 EQUIP	MENT	(PHASE 2)		1,138. 2	RUUUB	7.00	0.	
19 EOUTP	WENT	02/24/99 (PHASE 2)	1,242.	1,242. 2	300DB	5.00	0.	
		03/25/99	673.	673. <i>2</i>	ag008	5.00	0.	
20 EQUIP	MENT ((PHASE 2) 06/23/99	2.40					
21 EQUIP	Ment ((PHASE 2)	140.	140. 2	HOODB	5.00	0.	
22 EULLD	WEEKEN	07/21/99 PHASE 2)	148.	148. 2	00DB	5.00	0.	
		10/27/99	1,328.	1,328. 2	ad00	5.00	0.	
23 EQUIP	Ment (PHASE 2)						
		07/01/00	1,137.	1,137. 2	00DB	5.00	0.	

HOL.	LYWOOD PRO	PERTY OWNERS	ALLIANCE				95-46066	551
24	FURNITURE	(PHASE 2)	entre de la company de la comp				Anny State Anneal Processing Control C	
		02/24/99	78.	7.8 .	200DB	7.00	0.	
25	FURNITURE	(PHASE 2)						
		04/23/99	156.	156.	200DB	7.00	0.	
26	FURNITURE							
		07/01/01	3,153.	2,845.	200DB	7.00	0.	
27	FURNITURE	(HED 02-03)				***		
	at the second	07/01/02	1,938.	1,806.	200DB	7.00	0.	
28	equipment	(HED 02-03)	s. 4-5					
	When does this for both drip, to descended auditorio.	07/01/02	2,250.	2,120.	200DB	5.00	0.	
29	EQUIPMENT	(HED 02-03)	& 4 M		00000	10° A A		
20	a ear a manacame en	07/01/03	1,428.	1,369.	200DB	5.00	0.	
30	LEASEHOLD	IMPROVEMENTS	21 ቆሮለ	5 4 8 M	ሰ ነዋ	።	ሮ ግለፉ	
		07/01/10	31,469.	3,147.	217	5.00	6,294.	
TAL	DEPR TO FO	RM 3885	54,689.	25,615.	:		6,294.	internation and
		<u>=1000</u>	Miller to delegation of the property of the property of				manufacture of the second	**********

_{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
2011
Open to Public
Inspection

Form 990 (2011)

Α	For	the 2011 calendar year, or tax year beginning and end	ing			
8	Chec	ck ir Icable: C Name of organization	D	Employer ide	entificat	ilon number
		ddess hange HOLLYWOOD PROPERTY OWNERS ALLIANCE Doing Business As		9 5	<u> -46(</u>	06651
				Telephone nu		
	Te at	emin 1680 N. VINE STREET 41		(3	23)	463-6767
		mended City or town, state or country, and ZIP + 4 CLIENT'S COP	YG	Gross receipts \$		<u>3,677,192.</u>
L		Polica HOLLYWOOD, CA 90028	H(a) Is this a gro		
	pe	F Name and address of principal officer: KEKKY MORKLSON		for affiliates		Yes X No
		SAME AS C ABOVE				ed? Yes No
		exempt status: 501(c)(3) _X 501(c)(6) ≪ (Insert no.) 4947(a)(1) or	527			. (see instructions)
		osite: NWW. HOLLYWOODBID. ORG		c) Group exer		
			L Year of for	rmation: 199	6 M S	tate of legal domicite: CA
-	art:		47 and 100 100 100 100	- A CO B B # #		
0	*		LIDE P	KOGRAMS	, <u>SE</u>	ERVICES, &
Activities & Governance		ACTIVITIES TO PROMOTE ONGOING REVITALIZATION				
9	2					
Š	3				3	22
68	4	Number of independent voting members of the governing body (Part VI, line 1b)			******	<u>22</u> 5
80	5	, , , , , , , , , , , , , , , , , , , ,			6	<u>3</u>
tieri.	6	Total number of volunteers (estimate if necessary)			78	0.
4 ,	7	a Total unrelated business revenue from Part VIII, column (C), fine 12			7b	0.
		b Net unrelated business taxable income from Form 990-T, Ine 34	•		1/0	4.14.14.14.14.14.14.14.14.14.14.14.14.14
		Condition and words (Dad UIII Bus 4th)	(Prior Year 2,00	<u>_</u>	Current Year 0 .
Revenue	8	Contributions and grants (Part VIII, line 1h)		,444,30		3,498,815.
Ę,	9	Program service revenue (Part VIII, line 2g)	• •	11,43		9.075.
Ø.	10			183,35		168,550.
	11 12		1	,641,09		3,676,440.
-	13				0.1	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	Ö.
m	15			380,24		397,235.
Expenses		a Professional fundralsing fees (Part IX, column (A), line 11e)			0.	0.
8		b Total fundraising expenses (Part IX, column (D), line 25)				Say da Barandi j
W.	17		- }	,060,68		3,156,563.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,440,92		3,553,798.
	19	Revenue less expenses. Subtract line 18 from line 12		200,17		122,642.
86		11974-149-149-149-149-149-149-149-149-149-14		ng of Current Y		End of Year
a	20	Total assets (Part X, Ine 16)		833,46	5.	936,631.
Assets Salani	21	Total liabilities (Part X, line 26)	'	229,78		210,310.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	,	603,67	9.	726,321.
Pa		Signature Block			MC	NOVINCENSIA INC.
Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, i	and to the best	of my kne	owledge and bellef, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has a	ny knowledge.		
		CLIENT'S COPY				vidence in a glassic consequent de proposition de la companya della companya della companya de la companya della
Sign	ı	Signature of officer		Date		
Here		KERRY MORRISON, EXECUTIVE DIRECTOR Type or print name and title				
		Print/Type preparer's name Preparer's finalure	Date	Check		PTIN
Paid		KENNETH C. COELHO, CPA	E. 6	3./2- Seile		P00444713
Prepa	rer	Firm's name RBZ, LLP		Firm's EIN	9	5-3439541
Use C	nly	Firm's address 11755 WILSHIRE BLVD, #900	-			·
		LOS ANGELES, CA 90025		Phone no.	(31)	0) 478-4148
May:	the If	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

orm=	990 (2011) HOLLYWOOD PROPERTY OWNERS ALLIANCE 95-46066	51 Page 2
	rt 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.	
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes XNo
		nd Arminind
3	If "Yes," describe these new services on Schedule U. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes Z No
***	u ille a illustration de la compansión Calabrida ()	
Æ	and the state of the second services accomplishments for each of its three largest program services, as measured by ext	enses.
٠,	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and section	tions to
	others, the total expenses, and revenue, if any, for each program service reported.	
48	1 Plevente 5)
	DURING 2011, THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO PO	Add Lake
	AND PATROL THE DISTRICT.	

		Particular de la Constitución de
	(Code:) (Expenses 9 including grants of 9) (Revenue 8)
40	(Code:) (Expenses 8 including grants of 8 / (Assume Proceedings of 1 of 1 of 1 of 1 of 1 of 1 of 1 of	S OF
	THE DISTRICT, INCLUDING THE REMOVAL OF GRAFFITI.	
	A A A A A A A A A A A A A A A A A A A	
		<u></u>
		1
40	(Code:) (Expenses \$	/ 378
	THE ORGANIZATION MADE SIMILIDONIA ASSESSMENT THOUSAND THE ORGANIZATION OF THE ORGANIZA	31
	REPAIRING, REPLACING, AND OR ADDITION TO THE PROPERTY OF THE P	
	SIDEWALKS, TRASH CANS, BENCHES, SIGNS, AND LIGHTS.	
	All and the Deavis is Calardia Al	
40	Other program services (Describe in Schedule O.) (Revenue §	
<u></u>	Expenses 5	COLUMN TO THE OWNER OF THE PARTY OF THE PART
46	Total program service expenses	Form 990 (2011)

Form 990 (2011)

18

20a

X

X

X

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

			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	21		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	.22		ж
23				T
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
248				<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
k	Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 !	25a		ľ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Pert I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	Signature		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1000	9.33	2000
	instructions for applicable filing thresholds, conditions, and exceptions):			
a		282		X
b		28b	***************************************	X
G	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	280		Ж
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	···	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			····
	Schedule N, Part II	32		X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Ж
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
l3	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, fine 2	35b		Х
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	36		
	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	37	- 1	X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			~ ~~
	Note, All Form 990 filers are required to complete Schedule O	38	X	
	· · · · · · · · · · · · · · · · · · ·	Form §	TANGETT COURT	(011)
			,,,,	

Form 990 (2011) HOLLYWOOD PROPERTY OWNERS ALLIANCE
Part V Statements Regarding Other IRS Filings and Tax Compliance

			***************************************		8/	بيال
Ta	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1.0	137	Yes	N
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming		ic	X	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			12.5		
	filed for the calendar year ending with or within the year covered by this return	2a	5	恭)
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)	1	30		
За	Mid the executional are because whether the state of the companies of the	***	}	3a	1	Ж
b	If "Von " has it filed a Cours DOO'T fourthis area of the it associates as a section to delect a delect a			3b	1	1
42	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			42		X
b	If "Yes," enter the name of the foreign country:	4			NA P	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.		-780 N	133	
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	1	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	***************************************	·····	5c	†	1 **
රිස	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization soil	cit T	<u> </u>	 	
	any contributions that were not tax deductible?	aro digua madasi odi	.	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contribu	tions or oifts	······	<u> </u>	 	<u>ex</u>
	were not tax deductible?		1	6b		
7	Organizations that may receive deductible contributions under section 170(c).	**************	""" t		数据	7,1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the	navor?	7a	100,000	1 ***
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	, tione previous to the	Payari	7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	rac remuland		112		
	to file Form 8282?		- 1	7c		
di I	f "Yes," indicate the number of Forms 8282 filed during the year		·····	Ň	1000	35.7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	10 3 3 3 3	.,
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
	f the organization received a contribution of qualified intellectual property, did the organization file F		·····	79		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	ponsoring organizations maintaining donor advised funds and section 508(a)(3) supporting organizations. D			19	3393	1517
	rganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			33.7	***	
	a change of a change of a figure and a change of the chang	any time during the ve	ar?	Q Ι		
	consoring organizations maintaining donor advised funds	any time during the ye	,,,,,,	8	45.45	
\$	ponsoring organizations maintaining donor advised funds.		T.	- Çişi .		; i i
s a C	old the organization make any taxable distributions under section 4966?			9a		\$115°
8 e C b C	old the organization make any taxable distributions under section 4966?			- Çişi .		
\$ 6 C 5 S	oid the organization make any taxable distributions under section 4966?			9a		
s C b C S s Ir	old the organization make any taxable distributions under section 4966? old the organization make a distribution to a donor, donor advisor, or related person? ection 501(c)(7) organizations. Enter: attation fees and capital contributions included on Part VIII, line 12	10a		9a		
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SS CO CO CO CO CO CO CO CO CO CO CO CO CO	oid the organization make any taxable distributions under section 4966? oid the organization make a distribution to a donor, donor advisor, or related person? ection 501(c)(7) organizations. Enter: attiation fees and capital contributions included on Part VIII, line 12 iross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ection 501(c)(12) organizations. Enter: ross income from members or shareholders ross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them.) ection 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	10a 10b 11a 11b		9b		
S C C S G G Ar S	old the organization make any taxable distributions under section 4966? old the organization make a distribution to a donor, donor advisor, or related person? dection 501(c)(7) organizations. Enter: distribution fees and capital contributions included on Part VIII, line 12 direction 501(c)(12) organizations. Enter: rection 501(c)(12) organizations. Enter: ross income from members or shareholders ross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them.) section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form "Yes," enter the amount of tax-exempt interest received or accrued during the year	10a 10b		9b		
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SECULT OF SECULT OF SECULT OF SECULT OF SECULT OF SECULT OF SECURT OF SECULT OF SECULT OF SECULT OF SECULT OF SECURT	old the organization make any taxable distributions under section 4966? old the organization make a distribution to a donor, donor advisor, or related person? dection 501(c)(7) organizations. Enter: distribution fees and capital contributions included on Part VIII, line 12 dross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities dection 501(c)(12) organizations. Enter: ross income from members or shareholders ross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them.) dection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form "Yes," enter the amount of tax-exempt interest received or accrued during the year dection 501(c)(29) qualified nonprofit health insurance issuers. the organization licensed to issue qualified health plans in more than one state?	10a 10b 11a 11b 1041?	1	9b		
S C C S Ir G G G Ar S G G Ar S G G Ar S G G Ar S G G Ar S G G Ar S G G Ar S G G Ar S G G G Ar S G G G G G G G G G G G G G G G G G G	old the organization make any taxable distributions under section 4966? Old the organization make a distribution to a donor, donor advisor, or related person? Diection 501(c)(7) organizations. Enter: Distribution fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction fees and capital contributions included on Part VIII, line 12 Direction feet feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction feet viii line 12 Direction fee	10a 10b 11a 11b 1041?	1	9b 2a		
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SE DE CONTROL SE	old the organization make any taxable distributions under section 4966? Old the organization make a distribution to a donor, donor advisor, or related person? Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions. Enter: The cost income from members or shareholders Distribution fees and capital contributions. Enter: The cost income from members or shareholders Distribution fees against the amounts due or paid to other sources against the mounts due or received from them.) Distribution fees and capital fees and the companization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1948(a) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1948(a) non-exempt chari	10a 10b 11a 11b 1041? 12b	1	9b 2a		
S C C C S Ir C S G G Ar S Is No En	old the organization make any taxable distributions under section 4966? Old the organization make a distribution to a donor, donor advisor, or related person? Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part VIII, line 12 Distribution fees and capital contributions included on Part	10a 10b 11a 11b 1041? 12b	11	9b 2a 3a 3a		X

Form 990 (2011) HOLLYWOOD PROPERTY OWNERS ALLIANCE 95-4606651 Page

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.

	to and the one of the bottom, describe the broadmaterious, processes, or bridges in boried and of the metabolists.			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	******	<u> </u>	X
DE	ction A. Governing Body and Management		30-	- N.
4	a Enter the number of voting members of the governing body at the end of the tax year	17586	Yes	No
,	If there are material differences in voting rights among members of the governing body, or if the governing		(1) (3) (3) (4)	10) (0) 10.55-2.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule C.			
	b Enter the number of voting members included in line 12, above, who are independent 15 22	蒙语	泰联	A
2		被物		外類
-		2	37., 7	X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			N.S.
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	manual control of the	4		X
5		5		X
6	man and a second and a second and a second and a second and a second and a second and a second and a second and	6		X
7:		<u> </u>		
•	more members of the governing body?	7a		X
1	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		1910	V5.435	
	The governing body?	8a	X	F 1 %.
ŧ		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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	hamiiaaa		AND THE STREET, SAN
*********			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	100		
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	··········
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.43		13.00
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12e	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	•
	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	Ж	
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	7.3.X	77.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, j		
8	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).	72 (19) 11 (19)		7
168	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		3. V. E.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
************	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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 organizat	on: 🔊		
	KEN COELHO - (310)478-4148	····		
**************************************	11755 WILSHIRE BLVD, #900, LOS ANGELES, CA 90025-1586	NZAMICINIA.		
"132006" 01-23-1	2	Form 9	390 (2	0111

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

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

- ta 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.

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

- 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.

(A)	(8)			(0 Pos	3)			(D)	(E)	(F)
Name and Title	Average	/de	not c	Pos beck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	I hor	, unle	SO DO	1800	E DO	ກລກ	compensation from	compensation from related	amount of other
	week (describe	-	1				T	the	organizations	compensation
	hours for	SPEC.				, ,,,,	}	1	(W-2/1099-MISC)	from the
	related	16.83	8			araite Marie		(W-2/1099-MISC)		organization
•	organizations	E	豆豆		986	E				and related
	in Schedule	Holificial trester or Grecio	instilutional trustee	Officer	Key employee	Hohest compensates employee	1			organizations
	0)	是	垩	8	200	送 &	75			
(1) Frank Stephan	200			X				0.	0.	0.
DIRECTOR / PRESIDENT	2.00	X		-					3.2	
(3) LYNDA BYBEE	2 00	X		X				0.	0.	0.
DIRECTOR / VICE PRESIDENT	2.00	4		1.6°		ļ	-	+		
(3) DON MUSHIN	1	1		X				0.	. 0.	0.
DIRECTOR / SECRETARY	2.00	X	ļ	<u></u>	,,,,,,,,,,	ļ	-	· · · · · · · · · · · · · · · · · · ·		
(4) MONICA YAMADA			ŀ	up.				0.	0.	0.
DIRECTOR / TREASURER	2.00	X	 -	X		-		V.		
(5) GREG ANGELO	200	N2F	1					0.	0.	0.
DIRECTOR	2.00	X				ļ	├	J		<u> </u>
(6) GREG BECK	0.00	45						0.	0.	. 0.
DIRECTOR	2.00	4	 					<u>v</u> .		
(7) CHRISTOPHER BONBRIGHT		125			l	'	1	0.	0.	0.
DIRECTOR	2.00	X			-	 -		<u> </u>		
(8) JEFFREY COHEN	0.00	48						0.	0.	0.
DIRECTOR	2.00	X	-				********	<u> </u>		
(9) CHARLIE COLLETTA	200	45						0.	0.	0.
DIRECTOR	2.00	<u> </u>			_		ļ	V.		
(10) NICHAEL GARGANO	2.00	32						0.	0.	0.
DIRECTOR	4.00	1		-				3-		
(11) TOM GOFFIGON	2.00	x				,		0.	0.	0.
DIRECTOR	2.00	T.								
(12) DAVID GREEN	2.00	X						0.	.0.	0.
DIRECTOR	2.00	<u> </u>						 		***************************************
(13) NATHAN KORMAN	2.00	35						0.	0.	0.
DIRECTOR ·	2.00	47								
(14) John Lyons	2.00	X						0.	0.	0.
DIRECTOR	2.00	* >							·······	
(15) JAN MARTIN ·	2.00	X						0.	0.	0.
DIRECTOR	2.00	47	\vdash							
(16) JIH MCPARTLIN	2.00	X						0.	0.	0.
DIRECTOR	2000	**					<u></u> -			
(17) GALO MEDINA	2.00	X		j				0.	0.	0.
DIRECTOR	2 V V V	43	لسسما				militer.			Form 990 (2011)

132007 01-28-12

Transfer of

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

ley temploye

(B)

Average

hours per

week

(describe

hours for

related organizations

In Schedule

O)

2.00 X

2.00 X

2.00 X

2.00 X

2.00 | X

40.00

1b Sub-total

d Total (add lines 1b and 1c).....

c Total from continuation sheets to Pert VII, Section A

455 N. MOSS STREET, BURBANK, CA 91502

1937 WEST 169TH STREET, GARDENA, CA 90247

compensation from the organization

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

n

0

(18) LOUIS PELLICCIA

(20) THADDEUS HUNTER SMITH

(19) ROW RADACHY

(21) TEJ SUNDHER

(22) JOHN TRONSON

(23) KERRY MORRISON

EXECUTIVE DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(A)

Name and title

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

Form 990 (2011)

1,519,252.

1,013,809.

SECURITY

MAINTENANCE

CLEAN STREET

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E E	1 1	a Federated campaigns	1a					
, Gifts, Grants illar Amounts	i	b Membership dues						
λ.Ψ.	(c Fundralsing events						
	(d Related organizations						
Contributions, and Other Simi	•	Government grants (contribu	- 1-4-4-4					
	f	,						
62	_	similar amounts not included abo						
ξE	£ 6-	Nanash contributions included in lines Total. Add lines 1a-11			ું પ્રાથમ મુખ્યાં હોયનું ફેર્યું હોય છે.	Transplances		
× 10		FORM, AUG BIES 1271		Business Code	Ster Burning			
Program Service Revenue	2 a	ASSESSMENT REVI				3,498,815.		
200	C L							
200	d	**************************************			<u> </u>			
1	8 f	All other program service reve	enne					
	, Q				3,498,815.			
	3	investment income (including other similar amounts)	dividends, intere	st, and	9,827.		*****	9,827
	4 5	Income from investment of te	, ,					***************************************
	Đ	Royalties ,	(i) Real	(ii) Personal		98-148-448-148-148-148-148-148-148-148-14	NAGS: AMERICAN	CESTAS AND ESTABLE
	6 a	Gross rents	Wytoa	11/1 0/00/10)				
	b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Rental Income or (loss)						
		Net rental income or (loss) .,	(141,414,141,141,141,141,141,141,141,141)			~ 4	
		Gross amount from sales of	(i) Securitles	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	1					
		and sales expenses		752.				
		Gain or (loss)		<752.		e tigat de de de Piratis de la	दुन्तर भर्ताक्षण्य ग्यास्	1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
		Net gain or (loss)	ŧ		<752.	> 30.50 (1.1 kg) (2.0 kg) (2.1 kg)	25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<752.
anua	8 a	Gross income from fundraising	·					
		including \$	of					
		contributions reported on fine		I				
Ē	ŧ.		a				CANADA	
3		Less: direct expenses Net income or (loss) from fundi			The second of the second secon		· Control of the section	
1,		Gross income from garning act		***************************************				
- '	- 14	Part IV, line 19		ļ			46.2000000000000000000000000000000000000	
	ь	*	b			北州党第四十年	一种基础设施	PU CHANGE
		Net income or (loss) from gamin						
10		Gross sales of inventory, less n	- I					Park Salah
		and allowances	a					人名马克德基
	b	Less: cost of goods sold	b[· 中国的特别的	Cost District		हर्ग असन्तर विकासिक हिन्दी
-	<u> </u>	Net income or (loss) from sales			100 200 200 100 100 100 100 100 100 100	120 No. 10 10 10 10 10 10 10 10	Mary Salaya (S.C.)	
		Miscellaneous Revenue		CONTRACTOR OF THE PERSON OF TH				n or halfest alla Oktobliki
111		HPOA/CHC SERVICE	S AGREE	900099	160,000.	160,000.		
	•	MARKETING CO-OP		900099	8,550.	8,550.		
	C.	All ashar rayour						
	ď i	All other revenue			100 EEA			
	e '	Total. Add lines 11a-11d		*	יייווריי איי אַנְאַקוּן ו		1 1777 1 1	

Form 990 (2011) HOLLYWOOD PRO
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).

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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 deint coets. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \ \ I tollowing SOF 58-2 (ASC 568-720)		24e amount excesos 10% of line 25, column (A)				
b CHC EXPENSES c CITY FEES d CONTINGENCY FEES d CONTINGENCY FEES All other expenses All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e deint coets. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In following SOF 58-2 (ASC 588-720) Form 990 (2011)	2		2,670,651.			
c CITY FEES d CONTINGENCY FEES All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e deint coets. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here land to the complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here land to the complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. The control of the complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. The control of the co	Es Rs	···	158,251.			
d CONTINGENCY FEES All other expenses 19,609. Total functional expenses. Add lines 1 through 24e 3,553,798. definit coets. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here limit following SOF 98-2 (ASC 968-720) Form 990 (2011)	ν Ε					
All other expenses 19,609. Total functional expenses. Add lines 1 through 24e 3,553,798. defint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here In following SOF 98-2 (ASC 968-720) Form 990 (2011)	ri ri					
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 fundralsing solicitation. Check here In following SOF 58-2 (ASC 958-720) Form 990 (2011)	**					
Jeint coets. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In following SOP 58-2 (ASC 958-720) Form 990 (2011)						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Intellewing SOF 88-2 (ASC 968-729) Form 990 (2011)						
educational campaign and fundraising solicitation. Check here In following SOP 98-2 (ASC 968-720) Form 990 (2011)	20					
Check here 1 If following SOF 98-2 (ASC 96B-72B)						
Form 984 (2011)			4			
			ang makanan si kan pangangan manan kan kan makan da kan kan kan kan kan kan kan kan kan ka	والمراواة والموسوعة والمستعمل والمستويد الإم وهوال والمراوة والمواقع المواجعة المتاونة والمتاونة والمتاون والمسأولة	AL MUNICIPALITY MANAGEMENT TO THE TOTAL TO T	Form 990 (2011)

Part X Balance Sheet **(B)** (A) End of year Beginning of year 104,533. 77,873 1 Cash · non-interest-bearing 399,787. 468,070. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 234,108 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L. 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 б employees' beneficiary organizations (see instructions) spect 7 Notes and loans receivable, net ß Inventories for sale or use 24,340 24,340 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,028. 29,074. 9,441 100 b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 intangible assets 14 15 Other assets, See Part IV, line 11 15 936,631 833,465 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 197,810 225,535. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 12,500. 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of (111) 26 Total liabilities. Add lines 17 through 25

Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 603,679 726,321. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔲 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 32 726,321. 603,679. 33 Total net essets or fund balances 33 936,631. 833,465. 34 Total liabilities and net assets/fund balances Form 990 (2011)

Enw	990 (2011) HOLLYWOOD PROPERTY OWNERS ALLIANCE	<u>95-4606</u>	<u>651</u>	Page	e 12
	TVI Deconciliation of Net Assets			1	
مملسته	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	*********	,,,,_l	
		_	,676		io.
1	Total revenue (must equal Part VIII, column (A), line 12)		,553		
2	Total expenses (must equal Part IX, column (A), line 25)	3	122		
3	Revenue less expenses. Subtract line 2 from line 1	4	603		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			0.
6	Other changes in net assets or fund balances (explain in Schedule O)	6	726	3.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Par	F VIII Eleannial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	***************************************		Yes	No
\$	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of ac	0.	2a	X	
23	Were the organization's financial statements complied or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		2b		X
b.	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	s auus,	2c		X
ď	feview, or compliance of its infaritial statements and selection process during the tax year, explain in Sche If the organization changed either its oversight process or selection process during the tax year, explain in Sche If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	auto O.			
	separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Both consolidated and separ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	G ,	3a		X_
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red audit	360		
	Of RUURS, GADIANT WHY HI CONTROLOR O BITO MODULING WITH THE PROPERTY OF THE PR	100000000000000000000000000000000000000	Enum	DON A	つかすすい

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1645-0047 Open to Public Inspection

Department of the Tressury Internal Revenue Service

Employer Identification number

Na	me of the organization	max max way may max high definition	95-4606651
·	HOLLYWOOD PROPERTY OWNERS	ALLIANCE	appurate Complete Ethe
D _i	art 1 Organizations Maintaining Donor Advised Funds or	Office Similar Louds of W	ccounts. Complete ii trie
	organization answered "Yes" to Form 990, Part IV, fine 6.		b) Funds and other accounts
			b) Fullds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		And the state of t
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 fun	ds
	are the organization's property, subject to the organization's exclusive legal	control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing	g that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor	, or for any other purpose confer	mng
	imnermissible private benefit?		Yes No
Pε	art II 🔆 Conservation Easements. Complete if the organization answ	ered "Yes" to Form 990, Part IV,	Ine 7.
1	Purpose(s) of conservation easements held by the organization (check all the	at apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	
	Protection of natural habitat	Preservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	n contribution in the form of a co	nservation easement on the last
	day of the tax year.	i	
			Held at the End of the Tax Year
a	Total number of conservation easements	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included	in (a) ,	20
d	the state of the s	nd not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingui	shed, or terminated by the organ	ization during the tax
	year >		
4	Number of states where property subject to conservation easement is located	ed 💌	
5	Does the organization have a written policy regarding the periodic monitoring	, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Ves LINO
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing of	onservation easements during the	ne year 🕪
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conse	rvation easements dunng the ye	ar 🌬 \$
8	Does each conservation easement reported on line 2(d) above satisfy the rec	uirements of section 170(h)(4)(E	00
	and applica 170/b\/4\/R\/i\\?		Y@\$ L NO
9	In Part XIV, describe how the organization reports conservation easements in	nits revenue and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial s	tatements that describes the org	janization's accounting for
	the second of th		
Pa	conservation easements. III Organizations Maintaining Collections of Art, Histori	cal Treasures, or Other :	Siminar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	8.	the second of th
la	If the organization elected, as permitted under SFAS 116 (ASC 958), not to r	sport in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items		-t
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	t in its revenue statement and b	alance spect works of art, ristorical
	treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public ser	vice, provide the following amounts
	relating to these items:		b 0
	(i) Revenues included in Form 990, Part VIII, line 1	* >===(>) +*>=+ + ++ + + + + + + + +	\$
	/iii Assets included in Form 990, Part X	, = > > > > + = + + + + + + + + + + + + +	88 9
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) re	ating to these items:	
a	Dayanyan Ingkadad in Form 990 Part VIII line 1		» \$
b	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8

132051 01-23-12

.	OMATTOR STATES	D PROPERT	Y OWN	ers 2	LLIANCE	account de la company		06651	
500	NAC NO. C. L. Lander of Co.	allastians of År	r Hicke	seiread Tr	easures. Of v	Other:	<u>Similar Asse</u>	ts (continu	ued)
3 (2)	Using the organization's acquisition, accession	n and other record	s check	any of the	following that ar	e a sign	ificant use of its	collection i	items
		111 20 20 20 20 20 20 20 20 20 20 20 20 20							* *
	(check all that apply):	d		oan or exc	hange programe	3			
æ		e		ther		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Scholarly research Preservation for future generations	· · · · · · · · · · · · · · · · · · ·	***************************************						
¢	Preservation for future generations Provide a description of the organization's co	llections and expisi	n how the	v further	the organization	s exemp	t purpose in Par	t XIV.	
		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	At SIY DICI	MANICAL TIME	istica. Di vulci :	DITTELLIFE	,0010		
								Yes	No
Laws 14	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrang	maneute Com	ete if the	oroanizati	on answered "Ye	s" to Fo	rm 990, Part IV,	line 9, or	
	was added on amount on Form 900 Pari	tX §n⊕ 21.							
	ls the organization an agent, trustee, custodia	on or other Intermer	tiary for G	ontributio	ns or other asse	ts not in	cluded		-
18	on Form 990, Part X?	SHOT OTHER BREAKING	21(1) 101 0					Yes	L No
	on Form 980, Part XY	wal complete the fo	dinwina te	able:		•••••			
b	If "Yes," explain the arrangement in Part XIV :	and complete the ic	MOTTH 15 S					Amount	-
							1c		
C	Beginning balance				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3ct		
d	Additions during the year	*********************	,,,,,,,,,,		*14**************		10		
8	Distributions during the year	**** ***************	**********	************					
f	Ending balance		. 010	********				Yes	No.
	Did the organization include an amount on Fo	m 990, Pan X, Inc) Z I ? .,	************					
b	If "Yes," explain the arrangement in Part XIV.		ANARAMA	Voce to C	orm 990. Part IV	. Ine 10			
Par	t V Endowment Funds. Complete if	the organization at	8-100	ior year	(c) Two years	back fo) Three years back	(e) Four	years back
	ŀ	(a) Current year	10) [IDI YORI	(C) IVIO JULIU		A. C.	學講家	
1a	Beginning of year balance		 				AND THE RESERVE THE PROPERTY OF THE PROPERTY O	2000	
b	Contributions							SWA	and this
C	Net investment earnings, gains, and losses		 	······································				滑高端	(7)
đ	Grants or scholarships		<u> </u>					146 146 146 146 146 146 146 146 146 146	
e	Other expenditures for facilities							2000	
	and programs						AAAACCERCO	\$ as the	See Court
f	Administrative expenses	······································					AND VALLEY AND A SECTION OF THE PARTY OF THE	3444	\$2000 (\$1.00)
	End of year helance	• 1	<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balan	ce (ilne 1¢	g, column	(a)) held as:				.1
a	Board designated or quasi-endowment 🕨		%	to the second	Maria de la Carte			·	e, i
b	Permanent endowment	%	•		*		* *. *.	The state of	
c	Temporarily restricted endowment	%						1.11	7
	my Land and Land to the and the chart	ıld equal 100%.							
.sa	Are there endowment funds not in the posse	ssion of the organi	zation the	it are held	and administere	ed for th	e organization	· · · · · · · · · · · · · · · · · · ·	Yes No
~~	by				•				162 160
	an unreleted argonizations	***********						3a(i)	
	den Literal annual terms			*					
h	(II) related organizations If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	lule R?				30	
4	Describe in Part XIV the intended uses of the	organization's enc	owment.	runas.		HOW COLUMN AND WASHINGTON	MANAGEMENT CONTRACTOR		·
Par		ment. See Form 9	別, Part X	, ina iu.					
	Description of property	(a) Cost or	other	(b) Co	st or other		cumulated	(d) Bool	k value
	Summarday or as facilians	basis (invest	tment)	bas	is (other)		reciation		
12	Land					and the hill	gradania.		
h	Buildings								
ъ. В	Leasehold improvements	1	,,,,,						
d	Equipment							<u></u>	2,028.
~	Other				31,469.		9,441.	AND PROPERTY OF PROPERTY OF PROPERTY.	
T060	. Add fines 1a through 1e. (Column (d) must e	qual Form 990, Par	rt X, colur	nn (B), IIn	3 10(c).)		<u></u>	THE RESERVE THE PERSON NAMED IN	2,028.
1 7 651	a commission of the second second second second second second second second second second second second second						Schedu	iig i) (Forn	n 980) 2011

.	HOLLYWOOD PROPERTY OWNERS A	LLIA	YCE_		9	5-46	0665	1 Page 4	
Sche	XI Reconciliation of Change in Net Assets from Form 990 to A	ALL DESCRIPTION OF	f f. threster	Cial S	tatem	ems			
	Total revenue (Form 990, Part VIII, column (A), line 12)	***********						+4444	
1	Total expenses (Form 990, Part IX, column (A), fine 25)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	Excess or (deficit) for the year. Subtract line 2 from line 1		.,	_3_				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	Net unrealized gains (losses) on investments						·/		
4	Donated services and use of facilities	,					· · · · · · · · · · · · · · · · · · ·		
5	Investment expenses	.,,,,,,,,,,	.,,			Activities .			
6	Prior period adjustments	,,,,,,,,,,,,,	******	_					
7	Other (Describe in Part XIV.)		•••••	<u> </u>				TO THE PERSON NAMED IN COLUMN	
8	an an an an an an an an an an an an an a			9					
8						E-A HEADA	OCCUPANT CONTRACTOR CONTRACTOR	Total material contracts	
10	rom to a caractionian of Cavanie ner Amineti Findiviti Vulvivi	# EAST 2 0 1 0	***************************************		er ne	KERRIT			
	Total revenue, gains, and other support per audited financial statements					1			
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					N.S			
2	Net unrealized gains on investments	22							
	Donated services and use of facilities	20		******		7) 24	1		
b	The state of the s	and i						* .	
¢	the the Claud VB1	2d		Westernamen//	-				
ď	Add lines 2a through 2d	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			<u> 2</u> e			
e	Add lines 2a through 2a Subtract line 2e from line 1		,	.,,,,,,,,,,	-	3		· · · · · · · · · · · · · · · · · · ·	
3	Amounts included on Farm 990, Part Vili, line 12, but not on line 1:				[12000 14000 14000			
4	to alread on Earm 990 Part VIII line 70	48							
翻	Other (Describe in Part XIV.)	40		(*C		1,657			
b				-1//		4¢			
						5		AND ASSESSMENT OF THE PARTY OF	
5 Da	a suit beconglisted of Expenses Del Audieu Fillandia Duccent	Shann an			······	Retur	n		
4	Total expenses and losses per audited financial statements	**********			·····	7000		~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				98			
2	- to the most upp of facilities	28		aunterprise				-	
a	Prior year adjustments	20			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 1 1		
b		- C. C		Av					
C	Other Connector to Dorf YIV					*******			
Ø	a 4 t tt	.,,,,,,				26			~
e	Subtract line 2e from line 1	*				3	~~~~~~································		-
3	Amounts included on Form 990, Part IX, fine 25, but not on line 1:								
ą,	Investment expenses not included on Form 990, Part VIII, line 7b	48			Lupart				
a	and the first the three VBA	4b	manager (Constanting of the			18.7 3			
b						40			-
C	Add lines 4e and 4b Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part I, line 18.)			7+4+++4+1	111111111	5			-
15	rt XIV Supplemental Information								-
		II, lines 1	a and 4;	Part IV xovide	, lines 1 any add	b and 2 ditional	2b; Part V informati	, line 4; Part on.	
X, li	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 3,7 art in e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also comple 2; Part XI, line 8; Part XII, lines 2d and 4b. Also complete 2; Part XII, lines 2d and 4b. Also complete 2; Part XII, lines 2d and 4b. Also complete 2; Part XII, lines 2d and 4b. Also complete 2; Part XII, lines 2d and 4b. Also complete 2; Part XII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 2; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also complete 4; Part XIII, lines 2d and 4b. Also complete 3; Part XIII, lines 2d and 4b. Also								_
			·**	, , , , , , , , , , , , , , , , , , ,		ran in armed style are	***************************************	······································	-
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	The state of the s					Sche	rute D (Fe	irm 990) 201	į

SCHEDULE J (Form 990)

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. 1846-0047

Open to Public Inspection

Internal Revenue Bervice Name of the organization

Department of the Treasury

HOLLYWOOD PROPERTY OWNERS ALLIANCE

Employer identification number 95-4606651

		· p	Yes	No
1	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990), like		3.3
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal	use 🦠		撤汉
	Travel for companions Payments for business use of personal resident	ence (17.56	16.4
	Tax Indemnification and gross-up payments Health or social club dues or Initiation fees	1000		
	Discretionary spending account Personal services (e.g., med, chauffeur, chef			
ı	If any of the boxes on line 1a are checked, dld the organization follow a written policy regarding payment or		1.5	38
ι.	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
Ð	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors	one -	1	-
2				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	1884	-32.00	78.7
	# # # # # # # # # # # # # # # # # # #	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100000	
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	io I		5.2
	establish compensation of the CEO/Executive Director. Explain in Part III.		100	C
	Compensation committee Written employment contract			Wil
	Independent compensation consultant IX Compensation survey or study		16.	
	Form 990 of other organizations	nittee 🔯		136.36
		Sitt 6		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
*3-	organization or a related organization:	l nav		1
_		48	16,7 75	X
₩.	Receive a severance payment or change of control payment? Participate In, or receive payment from, a supplemental nonqualified retirement plan?			X
D				X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	100		4
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		100		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		4. 1	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			XV.
	contingent on the revenues of:	1000		ή.
ä	The organization?	5a		
b	Any related organization?	<u>5b</u>		
	if "Yes" to line 5a or 5b, describe in Part III.	- 18 M		
3	For persons listed in Form 990, Part VII, Section A, fine 1a, did the organization pay or accrue any compensation	1883		
•	contingent on the net earnings of:	183	10.4	Paren
40	The organization?	6a		
		6b		
K2	Any related organization?	W.	,	 :
	If "Yes" to line 6a or 6b, describe in Part III.		" 1	
	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 67 if "Yes," describe in Part III			
1	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
:	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	<u>g</u>		en-month and the
		Schedule J (Form	99012	2011

182111 01-28-12

Schedule J [Form 990] 2011 HOLLYWOOD PROPERTY OWNERS ALLIANCE

OWNERS ALLIANCE 95-4606651

Page 2

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 companisation 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 999, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(<u>0</u>	6		(F)
(А) Мате	1	(f) Base compensation	(fi) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	nonaxabe benefits	(B)(0-(D)	Compensation reported as deferred in prior Form 990
	8	170,568.	16,500.	0	4,237.	0.	191,305.	0
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SCHEDULE O (Form 990 or 990-EZ)

ACCOUNTING FIRM HER APPROVAL.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 980-EZ, or to provide any additional information.

OMB No. 1545-0047 Open to Public " Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service Employer identification number Name of the organization 95-4606651 HOLLYWOOD PROPERTY OWNERS ALLIANCE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION CONDUCTED MARKETING CAMPAIGNS TO IMPROVE THE IMAGE AND DESTRABILITY 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

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. 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.

AND SENDS IT TO THE EXECUTIVE DIRECTOR FOR HER SIGNATURE.

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.

Schedule O (Form 990 or 980-EZ) (2011)

THE ACCOUNTING FIRM PROCESSES THE FORM 990

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211

Schedule O (Form 990 or 990-EZ) (2011)	Page
Name of the organization HOLLYWOOD PROPERTY OWNERS ALLIANCE	Employer Identification number 95-4606651
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION R	EVIEWS AND
CONSIDERS ALL REQUESTS BUT WILL MAKE ITS GOVERNING DOCUME	NTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY LAW ON	A CASE-BY-CASE
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(D) - Asset disposed

128 102 05-01-11

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

22

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	o o	o o	• •	• •	0	0	0 0	ó	6,294.
Current Sec 179				Annual Control of the State of				o	0
Accumulated Depreciation	483.	n n	516	1,242.	140.	1,328.	2,120.	16,105.	3,147.
Basis For Depreciation	262	n co	516.	1,242	140	1,320	2,250.	16,294.	31,469.
Reduction In Basis								0	0
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(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT

Current Year Deduction	6,294.						
Current Sec 179							
Accumulated Depreciation	25,615.						
Basis For Depreciation	54,689						
Reduction In Basis	0						
Bus % Exci	\$475.X	**************************************					
Unadjusted Cost Or Basis	54, 689						
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Date Acquired	,	jin .	194 <u>1-1</u>				
Description	* GRAND TOTAL 990 PAGE 10 DEPR						
Agg et	4 A				CONTRACTOR OF THE PROPERTY OF	QUINIQUIMENT COMPANY COMPANY AND AND AND AND AND AND AND AND AND AND	***************************************

(D) - Asset disposed

4562 Form

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

> See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Altachment

Business or activity to which this form relates identifying number

990

95-4606651 HOLLYWOOD PROPERTY OWNERS ALLIANCE FORM 990 PAGE 10 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. ĩ 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 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 等於與2至4至45% 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 14 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) 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 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) Basis for depreciation (b) Month and (d) Recovery period (e) Convention (f) Method (a) Depreziation deduction (a) Classification of property only - see Instructions) 3-year property 19a 5-year property 7-year property 10-year property d 16 year property 20 year property S/L 25-year property 25 yrs. 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs MM S/L 39 yrs. i Nonresidential real property S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L Class life **20**a S/L 12-year 12 yrs. b 40 yrs. MM S/L 40-year 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

43

64

Form 4562 (2011)

116252 11-18-11

43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f). See the Instructions for where to report

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]: 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. Landiord's name - default of CITY OF LOS ANGELES [liname] Other: 27. City Department authorized to contract [citydept]: Department of General Services Other:

Name of signatory for City [citysign]:

Other:

28.

TONY ROYSTER

SECONDARY DOCUMENT INFORMATION SHEET CITY AS LANDLORD

29.	Title of signatory for City [citytitle]: General Manager, Department of General Services Other:	00010
30.	Landlord's address[cityaddress]: Asset Management, Suite 201, City Hall South, 111 Ea. First St., Los Angeles, CA Other:	90012
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;	* *,
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39 .	Lease Termination Date [terminate]: Blank Date: Other:	
	ela de la composição de la composição de la composição de la composição de la composição de la composição de l Composição de la composição de la composiç	
	Lease Termination Date for summary page (e.g.,", through June 30, 1995") [termthru]: See above	. 1
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	1837
45.	Security deposit (e.g., \$1,200) [security]: None Other: minimum one mouth's rent pending financial review of the security of t	Spaces
46.	Parking spaces/permits [parkspace]: (check dit that apply)	_
47:	Cost for parking [parkcost]: Not Applicable Amount: \$ per month per space/permit plus No additional cost Other:	City tax.
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 [tenbrokeτ]: n/a	

SECONDARY DOCUMENT INFORMATION SHEET CITY AS LANDLORD

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

a.m. through Monday through Friday:

a.m. through Saturday: p.m.

Other:

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

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.

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