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 private foundations)

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: HEART OF LOS ANGELES YOUTH, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2701 WILSHIRE BOULEVARD — Room/suite: 100

City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90057

D Employer identification number: 95-4397418

E Telephone number: (213) 389-1148

G Gross receipts $ 3,944,152.

F Name and address of principal officer: ANTHONY M. BROWN, SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEARTOFLA.ORG

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

L Year of formation: 1992 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CONDUCT PROGRAMS TO BENEFIT THE YOUTH OF CENTRAL LOS ANGELES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	93
6	Total number of volunteers (estimate if necessary)	6	500
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,822,361.	3,653,610.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,420.	29,895.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,851,781.	3,683,505.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	163,994.	243,350.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,983,141.	2,051,009.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 241,775.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,994.	708,741.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,813,129.	3,003,100.
	19	Revenue less expenses Subtract line 18 from line 12	38,652.	680,405.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,669,306.	4,354,573.
	21	Total liabilities (Part X, line 26)	263,537.	233,489.
	22	Net assets or fund balances Subtract line 21 from line 20	3,405,769.	4,121,084.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 3/27/15

▶ ANTHONY M. BROWN, PRESIDENT/E.D.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN BOVARD MIRON	John Bovard Miron	3/21/15		P01358141

Firm's name ▶ QUIGLEY & MIRON, CPA'S — Firm's EIN ▶ 95-4656881

Firm's address ▶ 3550 WILSHIRE BOULEVARD-SUITE 1660, LOS ANGELES, CA 90010-2481 — Phone no. (213) 639-3550

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

918-23

SCANNED APR 09 2015

6

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HEART OF LOS ANGELES (HOLA) PROVIDES UNDERSERVED YOUTH WITH FREE, EXCEPTIONAL AFTER-SCHOOL PROGRAMS IN ACADEMICS, ARTS AND ATHLETICS WITHIN A NURTURING ENVIRONMENT, EMPOWERING THEM TO DEVELOP THEIR POTENTIAL, PURSUE THEIR EDUCATION AND STRENGTHEN THEIR COMMUNITIES.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ________) (Expenses $ 1,454,955. including grants of $ 243,350.) (Revenue $ ________)

ACADEMIC PROGRAMS: THE ACADEMIC NEEDS OF STUDENTS ARE MET THROUGH HOLA'S SMARTSTART ELEMENTARY SCHOOL, BRIDGES MIDDLE SCHOOL, AND PAT HIGH SCHOOL EDUCATION PROGRAMS. THESE EFFORTS ARE LED BY HIGHLY-TRAINED CREDENTIALED TEACHERS WHO WITH COLLEAGUES INVEST DAILY IN THE ACADEMIC WELL-BEING OF EACH STUDENT, HELPING THEM TO PREPARE FOR COLLEGE AND CHANGE THEIR LIFE TRAJECTORY. IN 2014, 100% OF HOLA'S SENIORS IN OUR PAT COLLEGE PREP PROGRAM GRADUATED HIGH SCHOOL AND HAVE ENROLLED IN COLLEGES AND UNIVERSITIES ACROSS THE COUNTRY, AND 80% OF THESE STUDENTS WERE THE FIRST IN THEIR FAMILIES TO GO TO COLLEGE. THROUGH INDIVIDUALIZED ACADEMIC SUPPORT AND TUTORING, AS WELL AS A WIDE VARIETY OF ENRICHMENT ACTIVITIES AND CLASSES IN COLLEGE AND JOB PREPARATION, (CONTINUED ON PAGE 36)

4b (Code ________) (Expenses $ 895,414. including grants of $ ________) (Revenue $ ________)

ARTS PROGRAMS: HOLA'S VISUAL AND PERFORMING ARTS PROGRAM ENCOURAGES 500 YOUTH TO CHANNEL THEIR ENERGY AND EMOTION INTO CREATIVE ENDEAVORS IN THE VISUAL AND PERFORMING ARTS, DEVELOPING THEIR POWERS OF SELF-EXPRESSION, INSTILLING SELF-CONFIDENCE, AND FUELING THEIR INTEREST IN LEARNING. HOLA PROVIDES QUALITY PROGRAMMING TO INNER-CITY YOUTH WHO HAVE LITTLE OR NO ACCESS TO SUCH CLASSES INSIDE OR OUTSIDE OF SCHOOL. EACH YEAR, HOLA STUDENTS PARTICIPATE IN MORE THAN 100 DIFFERENT CLASSES, INCLUDING A FULL YOUTH ORCHESTRA, CHOIR, PRIVATE MUSIC LESSONS, CERAMICS, PHOTOGRAPHY, PAINTING, FASHION DESIGN AND SEWING, HIP HOP AND SALSA DANCING, PUBLIC ART AND SCREENPRINTING. HOLA'S FACILITIES INCLUDE FIVE MUSIC AND ORCHESTRA ROOMS, THREE ART STUDIOS, A FINE ARTS LIBRARY, AND A DANCE STUDIO.

4c (Code ________) (Expenses $ 289,452. including grants of $ ________) (Revenue $ ________)

ATHLETIC PROGRAMS: EACH YEAR, 1,800 YOUTH, AGES 6-19, WITH LIMITED ACCESS TO ATHLETIC ACTIVITIES AND A SAFE PLACE TO PLAY HAVE THE OPPORTUNITY TO PARTICPATE IN FREE TEAM AND INDIVIDUAL SPORTS WITH QUALITY INSTRUCTION THAT INCLUDE: SOCCER, BASKETBALL AND FLAG-FOOTBALL LEAGUES AND CLINICS, SWIMMING, SAILING, AND TENNIS. THROUGH PERSONAL DEVELOPMENT, HEALTH AND FITNESS, COMMITMENT TO ATHLETIC EXCELLENCE AND EXEMPLARY SPORTSMANSHIP, STUDENTS ARE LEARNING THE IMPORTANCE OF TEAMWORK, DILIGENCE, AND HEALTHY LIVING WHILE BEING OFFERED AN ALTERNATIVE TO NEGATIVE PEER PRESSURE, AND DRUG AND GANG INVOLVEMENT.

4d Other program services (Describe in Schedule O)

(Expenses $ ________ including grants of $ ________) (Revenue $ ________)

4e Total program service expenses ▶ 2,639,821.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	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 instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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	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, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION - (213) 389-1148
2701 WILSHIRE BOULEVARD, LOS ANGELES, CA 90057

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALAN R. ADELMAN DIRECTOR	1.00	X						0.	0.	0.
(2) ANDREW BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(3) ROD CARTER DIRECTOR	1.00	X						0.	0.	0.
(4) STEVEN COOPER DIRECTOR	1.00	X						0.	0.	0.
(5) DAVID DALTON DIRECTOR	1.00	X						0.	0.	0.
(6) STEPHEN ESPINOZA DIRECTOR	1.00	X						0.	0.	0.
(7) DANIEL FLOYD DIRECTOR	1.00	X						0.	0.	0.
(8) MICHAEL GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(9) DEBRA GENTZ DIRECTOR	1.00	X						0.	0.	0.
(10) GLENN D. GRITZNER DIRECTOR	1.00	X						0.	0.	0.
(11) HOWARD GROBSTEIN DIRECTOR	1.00	X						0.	0.	0.
(12) STEVEN HAUSER DIRECTOR	1.00	X						0.	0.	0.
(13) MARY JAMES DIRECTOR	1.00	X						0.	0.	0.
(14) SKIP KOENIG DIRECTOR	1.00	X						0.	0.	0.
(15) JOSEPH LAMKIN DIRECTOR	1.00	X						0.	0.	0.
(16) YVONNE MARIAJIMINEZ DIRECTOR	1.00	X						0.	0.	0.
(17) MITCHEL D. MOORE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) EDUARDO NOCHEZ DIRECTOR	1.00	X						0.	0.	0.
(19) TOM RICCARD DIRECTOR	1.00	X						0.	0.	0.
(20) J. WARREN RISSIER DIRECTOR	1.00	X						0.	0.	0.
(21) CHRIS ROBICHAUD DIRECTOR	1.00	X						0.	0.	0.
(22) PETER SCHUBE DIRECTOR	1.00	X						0.	0.	0.
(23) JIM TOTH DIRECTOR	1.00	X						0.	0.	0.
(24) MELISSA UNGER DIRECTOR	1.00	X						0.	0.	0.
(25) ALISON WHALEN DIRECTOR	1.00	X						0.	0.	0.
(26) ANTHONY M. BROWN PRESIDENT/E.D.	40.00	X		X				115,288.	0.	7,662.
1b Sub-total ▶								115,288.	0.	7,662.
c Total from continuation sheets to Part VII, Section A ▶								75,521.	0.	15,162.
d Total (add lines 1b and 1c) ▶								190,809.	0.	22,824.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	458,976.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,144,634.				
	g Noncash contributions included in lines 1a-1f $ 77,726.						
	h Total. Add lines 1a-1f ▶			3,653,610.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			27,506.			27,506.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	147,202.					
	b Less cost or other basis and sales expenses	144,813.					
	c Gain or (loss)	2,389.					
	d Net gain or (loss) ▶			2,389.			2,389.
	8 a Gross income from fundraising events (not including $ 458,976. of contributions reported on line 1c) See Part IV, line 18	a	115,834.				
	b Less direct expenses	b	115,834.				
	c Net income or (loss) from fundraising events ▶			0.			
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less. direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶						
	12 Total revenue. See instructions. ▶			3,683,505.	0.	0.	29,895.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	243,350.	243,350.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,062.	139,560.	43,607.	34,895.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,561,934.	1,395,260.	34,551.	132,123.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	137,845.	115,870.	3,511.	18,464.
10 Payroll taxes	133,168.	115,864.	4,762.	12,542.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,319.	10,413.	453.	453.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,963.		8,963.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	115,776.	89,044.	9,466.	17,266.
12 Advertising and promotion				
13 Office expenses	52,705.	26,736.	6,313.	19,656.
14 Information technology	1,106.	446.	477.	183.
15 Royalties				
16 Occupancy	182,920.	182,920.		
17 Travel	1,354.			1,354.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,404.		3,383.	21.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,416.	58,874.	3,271.	3,271.
23 Insurance	39,878.	35,584.	2,747.	1,547.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDENT ACTIVITIES	225,900.	225,900.		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,003,100.	2,639,821.	121,504.	241,775.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		189,540.	1	476,100.
	2	Savings and temporary cash investments		909,415.	2	770,651.
	3	Pledges and grants receivable, net		810,973.	3	1,232,474.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		128,198.	9	103,070.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 536,858.			
	b	Less: accumulated depreciation	10b 377,656.	187,859.	10c	159,202.
	11	Investments - publicly traded securities		786,238.	11	984,875.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		657,083.	15	628,201.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,669,306.	16	4,354,573.
Liabilities	17	Accounts payable and accrued expenses		190,027.	17	171,179.
	18	Grants payable			18	
	19	Deferred revenue		12,200.	19	1,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		61,310.	25	61,310.
	26	**Total liabilities.** Add lines 17 through 25		263,537.	26	233,489.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,526,379.	27	1,626,955.
	28	Temporarily restricted net assets		1,879,390.	28	2,494,129.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	
	33	Total net assets or fund balances		3,405,769.	33	4,121,084.
	34	Total liabilities and net assets/fund balances		3,669,306.	34	4,354,573.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,683,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,003,100.
3	Revenue less expenses. Subtract line 2 from line 1	3	680,405.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,405,769.
5	Net unrealized gains (losses) on investments	5	65,117.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,207.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,121,084.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] 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			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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
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	3b		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) REBECCA CLARK SECRETARY/A.D.	40.00			X				75,521.	0.	15,162.
Total to Part VII, Section A, line 1c								75,521.		15,162.

332201
05-01-13

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
HEART OF LOS ANGELES YOUTH, INC.	95-4397418

Part I | Reason for Public Charity Status (All organizations must complete this part) See instructions

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,994,913.	2,267,646.	2,677,984.	2,822,361.	3,653,610.	13,416,514.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,994,913.	2,267,646.	2,677,984.	2,822,361.	3,653,610.	13,416,514.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,998,254.
6 **Public support.** Subtract line 5 from line 4						10,418,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,994,913.	2,267,646.	2,677,984.	2,822,361.	3,653,610.	13,416,514.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,441.	16,005.	23,670.	17,142.	18,543.	90,801.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						13,507,315.

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 77.13 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 78.67 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
HEART OF LOS ANGELES YOUTH, INC.	95-4397418

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ ______%

b Permanent endowment ▶ ______%

c Temporarily restricted endowment ▶ ______%

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		411,240.	302,983.	108,257.
d Equipment		125,618.	74,673.	50,945.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				159,202.

Schedule D (Form 990) 2013

332052
09-25-13

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LEASEHOLDER'S PREPAID RIGHT TO FACILITIES	628,201.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	628,201.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CITY OF LOS ANGELES GIFT PAYABLE	61,310.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	61,310.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,890,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	65,117.		
b	Donated services and use of facilities	2b	65,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	76,664.		
e	Add lines 2a through 2d			2e	206,781.
3	Subtract line 2e from line 1			3	3,683,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,683,505.

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

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

1	Total expenses and losses per audited financial statements			1	3,174,971.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	65,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	115,834.		
e	Add lines 2a through 2d			2e	180,834.
3	Subtract line 2e from line 1			3	2,994,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,963.		
c	Add lines 4a and 4b			4c	8,963.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,003,100.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2014. GENERALLY, HOLA'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF UNEXPENDED FUNDS TO GRANTOR	-30,207.
FUNDRAISING EVENTS RELATED EXPENSES	115,834.

Part XIII Supplemental Information *(continued)*

INVESTMENT MANAGEMENT FEES	-8,963.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	76,664.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS RELATED EXPENSES	115,834.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES	8,963.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: HEART OF LOS ANGELES YOUTH, INC.

Employer identification number: 95-4397418

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

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

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

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

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

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

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

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

		(a) Event #1 HOLIDAY OF THE HEART (event type)	(b) Event #2 HOLA IN ONE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	505,870.	68,940.		574,810.
	2 Less Contributions	412,142.	46,834.		458,976.
	3 Gross income (line 1 minus line 2)	93,728.	22,106.		115,834.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	93,728.	22,106.		115,834.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				115,834.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain. ____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility | 13a | %

b An outside facility | 13b | %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HEART OF LOS ANGELES YOUTH, INC.

Employer identification number: 95-4397418

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II — Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP AWARDS	99	243,350.	0.		

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

PART I, LINE 2

EXPLANATION: THE SELECTION COMMITTEE IS MADE UP OF AT LEAST SIX MEMBERS INCLUDING THE ALUMNI DIRECTOR, ONE MEMBER OF HOLA'S ADMINISTRATIVE STAFF, AT LEAST ONE MEMBER OF THE HIGH SCHOOL PROGRAM STAFF, HOLA'S COLLEGE COUNSELOR, AN HOLA DONOR, AND ONE HOLA ALUMNUS WHO HAS GRADUATED FROM A FOUR YEAR COLLEGE OR UNIVERSITY. THE COMMITTEE REVIEWS EACH APPLICATION PRIVATELY AND SCORES EACH STUDENT BASED UPON THE SCORING RUBRIC. EACH COMMITTEE MEMBER DETERMINES FINANCIAL NEED AS THE MOST SIGNIFICANT FACTOR IN ELIGIBILITY FOR A SCHOLARSHIP.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HEART OF LOS ANGELES YOUTH, INC.

Employer identification number: 95-4397418

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	676.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PROGRAM ACTIV)	X	41	77,050.	FAIR MARKET VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: HOLA IS REPORTING THE NUMBER OF INDIVIDUALS/BUSINESSES WHO CONTRIBUTED IN-KIND GIFTS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
HEART OF LOS ANGELES YOUTH, INC.	95-4397418

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

LEADERSHIP, ENTREPRENEURSHIP, STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, MATH), LANGUAGE AND CULTURE, HOLA AIMS TO ENSURE THAT STUDENTS RECEIVE A COMPREHENSIVE EDUCATIONAL EXPERIENCE OFFERING THEM THE OPPORTUNITIES TO EXPLORE THE WORLD FAR BEYOND THE LIMITS OF THEIR CLASSROOMS AND NEIGHBORHOODS. 250 HOLA ALUMNI ARE NOW ATTENDING 80 COLLEGES AND UNIVERSITIES ACROSS THE COUNTRY. WITHOUT HOLA'S PROGRAMS, OUR UNDERSERVED YOUTH WOULD LIKELY NOT BE GOING TO COLLEGE OR OTHER POST SECONDARY OPPORTUNITIES.

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

EXPLANATION: THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE, THEN PROVIDED TO THE FULL BOARD PRIOR TO THE FILING.

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

EXPLANATION: THE CONFLICT OF INTEREST POLICY AND A DISCLOSURE FORM IS DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS AND MANAGEMENT. IF A CONFLICT OF INTEREST WERE TO BE DISCLOSED BY ANY REQUIRED SIGNATORY, THE EXECUTIVE COMMITTEE WOULD REVIEW THE DISCLOSED CONFLICT OR POTENTIAL CONFLICT AND DETERMINE IF AND HOW IT COULD BE MANAGED. NO CONFLICT OF INTEREST WAS DISCLOSED DURING THE YEAR ENDED JUNE 30, 2014.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ANNUAL EVALUATION FOR THE EXECUTIVE DIRECTOR, (DEVELOPED BY THE NATIONAL CENTER FOR NON-PROFIT BOARDS) IS FILLED OUT BY HOLA'S BOARD PRESIDENT AND MEMBERS OF BOARD'S EXECUTIVE COMMITTEE. WHEN THE EVALUATIONS

Name of the organization: HEART OF LOS ANGELES YOUTH, INC.

Employer identification number: 95-4397418

ARE COMPLETE THE BOARD PRESIDENT COMPILES THE DATA AND REFERS TO THE CENTER FOR NON PROFITS COMPENSATION SURVEY TO DETERMINE POTENTIAL INCREASES AND/OR BONUSES. MEMBERS OF THE BOARD THEN MEET WITH THE EXECUTIVE DIRECTOR TO REVIEW AND DISCUSS THE DATA AND TO DETERMINE COMPENSATION AND BENEFITS FOR THE COMING FISCAL YEAR.

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

EXPLANATION: HOLA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

RETURN OF UNEXPENDED FUNDS TO GRANTOR -30,207.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
1	PHONE SYSTEM	093013	SL	5.00	16	5,326.			5,326.			1,065.
2	COMPUTERS FOR TEEN CENTER	041911	SL	5.00	16	24,612.			24,612.	14,767.		4,922.
3	COMPUTERS FOR TEEN CENTER	050511	SL	5.00	16	525.			525.	315.		105.
4	COMPUTERS FOR TEEN CENTER	052211	SL	5.00	16	11,308.			11,308.	6,785.		2,262.
5	SECURITY SYSTEM	060911	SL	5.00	16	4,810.			4,810.	2,886.		962.
6	COMPUTERS FOR TEEN CENTER	061911	SL	5.00	16	708.			708.	425.		142.
7	SECURITY SYSTEM	122111	SL	5.00	16	3,950.			3,950.	1,580.		790.
8	10 NEW LAP TOPS	052212	SL	5.00	16	2,692.			2,692.	1,076.		538.
9	16 NEW LAP TOPS FOR TECH. CENTER	072813	SL	5.00	16	8,702.			8,702.			1,741.
10	IMAC DESKTOP COMPUTER	103013	SL	5.00	16	2,731.			2,731.			546.
11	SEWING MACHINE	050909	SL	5.00	16	1,039.			1,039.	831.		208.
12	PROGRAM FURNITURE - SPEAKERS	060109	SL	5.00	16	779.			779.	623.		156.
13	PROGRAM EQUIPMENT - TVS, DVDS	060309	SL	5.00	16	1,470.			1,470.	1,176.		294.
14	DANCE FLOOR	061809	SL	5.00	16	2,152.			2,152.	1,721.		430.
15	PROGRAM EQUIPMENT - SOUND SYSTEM	062209	SL	5.00	16	2,688.			2,688.	2,150.		538.
16	AUDIO VISUAL EQUIPMENT	102210	SL	5.00	16	5,000.			5,000.	3,000.		1,000.
17	PIANO	113010	SL	5.00	16	10,000.			10,000.	6,000.		2,000.

328102
05-01-13

(D) - Asset disposed

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	FURNITURE FOR WILSHIRE ROYALE	092010	SL	5.00	16	4,384.			4,384.	2,631.		877.
19	MUSIC EQUIPMENT	091510	SL	5.00	16	1,844.			1,844.	1,106.		369.
20	DESKS	110111	SL	5.00	16	865.			865.	346.		173.
21	NEW BOARDS	032912	SL	5.00	16	616.			616.	247.		123.
22	COPY MACHINE	070113	SL	5.00	16	16,561.			16,561.			3,312.
23	CAMERA	071713	SL	5.00	16	1,951.			1,951.			390.
24	PROJECTOR	071813	SL	5.00	16	1,487.			1,487.			297.
25	MERCEDES BENZ	020113	SL	5.00	16	9,418.			9,418.	1,884.		1,884.
26	COMPUTER CABLE INSTALL (80%)	063002	SL	15.00	16	9,749.			9,749.	7,149.		650.
27	LINOLEUM FLOORING	063002	SL	15.00	16	1,249.			1,249.	916.		83.
28	HVAC SYSTEM	063002	SL	15.00	16	5,000.			5,000.	3,667.		333.
29	ARCHITECTURAL DESIGN & PERMITS	063002	SL	15.00	16	2,225.			2,225.	1,632.		148.
30	REHAB OF BASEMENT/BATHROOMS	063002	SL	15.00	16	185,757.			185,757.	136,222.		12,384.
31	COMPUTER CABLING	071902	SL	15.00	16	1,653.			1,653.	1,212.		110.
32	NEW FLOORING	082802	SL	15.00	16	844.			844.	619.		56.
33	INDOOR & OUTDOOR SIGNAGE	100402	SL	15.00	16	5,699.			5,699.	4,179.		380.
34	INDOOR & OUTDOOR SIGNAGE	101702	SL	15.00	16	1,200.			1,200.	880.		80.
35	COMPUTER CABLING	011003	SL	15.00	16	1,765.			1,765.	1,000.		118.

328102
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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	REHAB OF BASEMENT/BATHROOMS	011003	SL	15.00	16	49,936.			49,936.	28,297.		3,329.
37	VARIOUS BUILDOUT PROJECTS	032003	SL	15.00	16	5,162.			5,162.	2,925.		344.
38	ART ROOM PAYMENT 1 OF 3	082003	SL	15.00	16	2,500.			2,500.	1,667.		167.
39	ART ROOM EXPENSE REIMB 1 OF 2	082003	SL	15.00	16	174.			174.	116.		12.
40	ART ROOM PAYMENT 2 OF 3	082903	SL	15.00	16	1,500.			1,500.	1,000.		100.
41	ART ROOM PAYMENT 3 OF 3	090503	SL	15.00	16	2,400.			2,400.	1,600.		160.
42	ART ROOM EXPENSE REIMB 2 OF 2	090503	SL	15.00	16	230.			230.	153.		15.
43	ART ROOM SINK	101303	SL	15.00	16	392.			392.	261.		26.
44	FLOORING FOR TEEN CENTER	120105	SL	15.00	16	1,100.			1,100.	587.		73.
45	CABINETRY FOR TEEN CENTER	121905	SL	15.00	16	6,285.			6,285.	3,352.		419.
46	FLOORING FOR TEEN CENTER	120605	SL	15.00	16	2,829.			2,829.	1,509.		189.
47	BUILD OUT & CABINETS FOR TEEN C	110205	SL	15.00	16	22,312.			22,312.	11,900.		1,487.
48	STORAGE RACKS FOR ART ROOM	013107	SL	15.00	16	302.			302.	221.		20.
49	TELEPHONE INSTALLATION IN NEW	013007	SL	15.00	16	627.			627.	460.		42.
50	CUSTOM SHELVING FOR ART ROOM	020607	SL	15.00	16	1,260.			1,260.	924.		84.
51	CUSTOM SHELVING FOR ART ROOM	020207	SL	15.00	16	1,490.			1,490.	1,093.		99.
52	PAINT, LIGHTING & SUPPLIES FOR ART RO	031107	SL	15.00	16	566.			566.	415.		38.
53	LIGHTING FOR ART ROOM	052907	SL	15.00	16	200.			200.	147.		13.

(D) - Asset disposed

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	PAINT FOR ART ROOM	030607	SL	15.00	16	19.			19.	14.		1.
55	LIGHTING FIXTURES FOR ART ROOM	052307	SL	15.00	16	70.			70.	52.		5.
56	STORAGE FOR ART ROOM	022207	SL	15.00	16	87.			87.	64.		6.
57	SUPPLIES FOR ART ROOM	020507	SL	15.00	16	89.			89.	65.		6.
58	WINDOWS	011510	SL	5.00	16	600.			600.	480.		120.
59	SHELVING	020110	SL	5.00	16	748.			748.	598.		150.
60	IMPROVEMENTS ON YOLA SITE	061410	SL	5.00	16	384.			384.	307.		77.
61	IMPROVEMENTS ON YOLA SITE	062110	SL	5.00	16	621.			621.	497.		124.
62	IMPROVEMENTS ON YOLA SITE	062510	SL	5.00	16	19,810.			19,810.	15,848.		3,962.
63	IMPROVEMENTS ON WILSHIRE ROAYALE	073110	SL	5.00	16	1,234.			1,234.	740.		247.
64	CARPETING	070110	SL	5.00	16	7,309.			7,309.	4,385.		1,462.
65	PAINTING WILSHIRE ROYALE	070610	SL	5.00	16	1,100.			1,100.	660.		220.
66	IMPROVEMENTS ON WILSHIRE ROAYALE	070710	SL	5.00	16	1,065.			1,065.	639.		213.
67	IMPROVEMENTS ON WILSHIRE ROAYALE	071310	SL	5.00	16	1,400.			1,400.	840.		280.
68	IMPROVEMENTS ON WILSHIRE ROAYALE	101810	SL	5.00	16	2,200.			2,200.	1,320.		440.
69	IMPROVEMENTS ON WILSHIRE ROAYALE	071510	SL	5.00	16	700.			700.	420.		140.
70	FLOORING FOR GYM	091610	SL	5.00	16	3,500.			3,500.	2,100.		700.
71	IMPROVEMENTS	092911	SL	5.00	16	1,470.			1,470.	588.		294.

328102
05-01-13

(D) - Asset disposed

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	IMPROVEMENTS	051612	SL	5.00	16	14,500.			14,500.	5,800.		2,900.
73	IMPROVEMENTS	051712	SL	5.00	16	12,105.			12,105.	4,842.		2,421.
74	IMPROVEMENTS	052112	SL	5.00	16	5,322.			5,322.	2,129.		1,064.
75	SIGNAGE FOR TEEN CENTER	052312	SL	5.00	16	1,333.			1,333.	533.		267.
76	IMPROVEMENTS	051112	SL	5.00	16	195.			195.	78.		39.
77	IMPROVEMENTS	051612	SL	5.00	16	158.			158.	63.		32.
78	FURNITURE	051712	SL	5.00	16	2,147.			2,147.	859.		429.
79	IMPROVEMENTS	061312	SL	5.00	16	97.			97.	39.		19.
80	IMPROVEMENTS	051812	SL	5.00	16	1,673.			1,673.	669.		335.
81	IMPROVEMENTS	051812	SL	5.00	16	310.			310.	124.		62.
82	IMPROVEMENTS	052112	SL	5.00	16	945.			945.	378.		189.
83	IMPROVEMENTS	052212	SL	5.00	16	1,643.			1,643.	657.		329.
84	IMPROVEMENTS	102912	SL	5.00	16	14,000.			14,000.	2,800.		2,800.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN					536,858.		0.	536,858.	312,240.	0.	65,416.
	* GRAND TOTAL 990 PAGE 10 DEPR					536,858.		0.	536,858.	312,240.	0.	65,416.

(D) - Asset disposed

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. HEART OF LOS ANGELES YOUTH, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 95-4397418
	Number, street, and room or suite no. If a P.O. box, see instructions. 2701 WILSHIRE BOULEVARD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90057	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION 2701 WILSHIRE BOULEVARD - LOS ANGELES, CA 90057
  Telephone No. ▶ (213) 389-1148 Fax No. ▶ (213) 389-1085
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2015.

5 For calendar year ______, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE CERTAIN ACCOUNTING PROCEDURES RELATED TO THE BOOKS OF THE ORGANIZATION.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Ronald G Ryon Title ▶ CPA Date ▶ 2/11/15

323842
12-31-13