efile	e Pı	ublic Visu	al Render	ObjectId	: 2023107993	49300481 - Su	bmissio	on: 2023	-03-20		TI	IN: 95-3643339			
Form	00	n	Re	eturn of (	Organizati	on Exempt	From	n Incon	ne Ta	IX	C	OMB No. 1545-0047			
Form	33	50			-	f the Internal Reve					<b>ae</b> )	2021			
						umbers on this forn				oundatio	-	2021			
Donarte	nont o	of the Treasury	•	Go to www.ir	rs.qov/Form990	for instructions a	and the	latest info	rmation	ı.		Open to Public			
		nue Service										Inspection			
A F	or th	ne 2021 ca	·		eginning 07-01-	2021 , and endi	ng 06-3	0-2022							
		applicable:	C Name of organ ECONOMIC DE	nization EVELOPMENT COF	RPORATION				DE	Employer	dentif	ication number			
		s change hange	OF LOS ANGE	LES COUNTY					9	5-364333	39				
O Ini		-	Doing busines	is as											
		urn/terminated	Number				De ever (ev		E Te	elephone n	umber				
_		ed return tion pending		LOWER STREET 3		red to street address)	Room/su	lite	()	213) 236	-4826				
			City or town,	state or province,	, country, and ZIP or	foreign postal code			`	,					
			LOS ANGELES	-					<b>G</b> G	Gross recei	ots \$ 1	7,396,675			
		ſ	F Name and KENDAL TUR	address of prir	ncipal officer:			H(a) Is	this a gr	oup retur	n for				
			444 SOUTH F	LOWER STREE	T 37TH FLOOR			sul H(b) Are	bordinate			🗌 Yes 🗹 No			
T Tay	(-eye	empt status:					2	inc	cluded?			🗆 Yes 🔲 No			
			<b>5</b> 01(c)(3)		) 🖣 (insert no.)	4947(a)(1) or	527	If ' <b>H(c)</b> Gr				See instructions.			
JW	ebsi	ite:► WW	W.LAEDC.ORG					in(c) Gr	oup exer	nption nt	mber	-			
<b>K</b> Form	n of c	organization:	Corporation	n 🗆 Trust 🗍	Association 🗍 Ot	ner 🕨		L Year of fo	ormation:	1981 <b>M</b>	State	of legal domicile: CA			
Pa	art I	Sumi Briefly dee		nization's missi	on or most signifi										
Governance		COUNTY ECONOMY TO IMPROVE THE HEALTH AND WELLBEING OF THE REGION'S RESIDENTS AND COMMUNITIES RESIDENTS TO MEET THEIR BASIC HUMAN NEED FOR A JOB. LAEDC ACHIEVES THIS THROUGH OBJECTIVE ECONO ANALYSIS; PROGRAMMATIC AND ON-THE-GROUND TECHNICAL AND TRANSACTIONAL ASSISTANCE TO BUSINESS, EDUCATION, AND WORKFORCE DEVELOPMENT SYSTEMS; AND TARGETED PUBLIC POLICY AND ISSUE ADVOCACY.								S AND NOMIC 5, GOV	C RESEARCH AND				
OVE															
3 8															
INTIES	_	2 Check this box ► □ 3 Number of voting members of the governing body (Part VI, line 1a)										72			
UNI	3				<b>2</b> / (				•		_	<b>3</b> 73 <b>4</b> 71			
Act	5		-	independent voting members of the governing body (Part VI, line 1b)					5	71					
	6										6	71			
	7a					(C), line 12					7a	0			
	ь	Net unrela	ated business	taxable income	from Form 990-1	, Part I, line 11 .					7b	0			
									Prior Ye	ear		Current Year			
<u>g</u>	8	Contributi	ions and grant	s (Part VIII, line	e1h)		•			2,400,500		2,203,402			
Revenue	9	-		-	e 2g)		•			4,075,95		5,416,956			
Rei			-			17d)	•		2	2,706,50		1,698,573			
					ines 5, 6d, 8c, 9c,	VIII, column (A), lin	0 1 7 )		(	74,678 9,257,630		55,939 9,374,870			
						nes 1–3 )				,237,030	, )	0,574,676			
						e4)					)	0			
ŝ		-		-		, column (A), lines			2	4,219,443		4,541,582			
nse	16	a Professio	nal fundraising	fees (Part IX,	column (A), line 1	1e)	•			(	)	0			
Exp enses	Ь	Total fundra	aising expenses (	Part IX, column	(D), line 25) •462,3	364									
a	17	Other exp	enses (Part IX	, column (A), li	ines 11a–11d, 11i	-24e)	•		1.1 1	3,468,528	3	4,546,211			
		-		-		lumn (A), line 25)			7	7,687,969	)	9,087,793			
. (2)	19	Revenue	less expenses.							1,569,663		287,077			
Assets or Balances								Beginn	ing of Cu	rrent Yea	1	End of Year			
sset	20	Total asse	ets (Part X, line	e 16)					33	3,754,782	7	29,436,314			
A b	21	Total liahi	lities (Part X li	ine 761				ŀ		2 533 160	h	2 143 605			

9/25/23,	11:58	AM
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	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,678	55,939
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,257,630	9,374,870
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,219,441	4,541,582
enses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expe	b	Total fundraising expenses (Part IX, column (D), line 25)  462,364		
G	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,468,528	4,546,211
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,687,969	9,087,793
	19	Revenue less expenses. Subtract line 18 from line 12	1,569,661	287,077
ts or inces			Beginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	33,754,787	29,436,314
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	2,533,160	2,143,605
žĒ	22	Net assets or fund balances. Subtract line 21 from line 20 $\ldots$	31,221,627	27,292,709
Pa	rt 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.

	- 5									
				2023-02-23						
Sign	Signature of officer			Date						
Here	KENDAL TURNER CHIEF FINANCIAL OFFI	CER								
	Type or print name and title	een								
	Print/Type preparer's name	Preparer's signature	Date		IN					
Paid				Check if PO self-employed	0576936					
Prepare	Firm's name 🕨 VASQUEZ COMPA	NY LLP	Firm's EIN 🕨 33-0	700332						
Use Onl	V	Firm's address 655 N CENTRAL AVE STE 1550								
		Phone no. (213) 87	/3-1/00							
	GLENDALE, CA 9	1203								
May the IRS	6 discuss this return with the preparer	shown above? (see instructions)			🗹 Yes 🗌 No					
For Paperv	work Reduction Act Notice, see the	separate instructions.	Cat	. No. 11282Y	Form <b>990</b> (2021)					
		Page 2								
Farma 000 (	2021)									
Form 990 (2	-				Page <b>2</b>					
Part III	Statement of Program Servio	-								
1 Briefl	Check if Schedule O contains a resp y describe the organization's mission:	onse or note to any line in this Pa	art III		🗹					
-	ION OF THE CORPORATION SHALL BE	TO EASE THE BURDENS OF GOVE	RNMENT BY ASSIS	TING, IMPLEMENTIN	IG, SUPPORTING AND/OR					
CONTRIBUT	ING TO THE SUPPORT OF PROGRAMS,	, PROJECTS AND ACTIVITIES OF	A PUBLIC NATURE. V	WHICH ARE DIRECT	ED TOWARD IMPROVING					
	CONDITIONS THROUGHOUT LOS ANG UGHOUT LOS ANGELES COUNTY, AND									
SERVING A	S A VEHICLE TO FACILITATE COOPERA	TION BETWEEN THE PUBLIC AND	PRIVATE SECTOR.	THE CORPORATION	WILL COALESCE LOCAL,					
STATE AND COUNTY.	FEDERAL RESOURCES TO INCREASE F	PRIVATE INVESTMENT, PARTICUL	ARLY IN THE ECONO	MICALLY DISTRESS	ED AREAS OF SAID					
coontri.										
2 Did t	he organization undertake any significa	ant program services during the y	ear which were not	listed on						
	rior Form 990 or 990-EZ?				🗌 Yes 🔽 No					
If "Ye	s," describe these new services on Scl	hedule O.								
3 Did t	he organization cease conducting, or n	nake significant changes in how it	conducts, any prog	ram						
servi	ces?				🗌 Yes 🛛 No					
If "Ye	If "Yes," describe these changes on Schedule O.									
4 Desci	ribe the organization's program service	e accomplishments for each of its	three largest progra	am services, as mea	sured by expenses.					
	on 501(c)(3) and 501(c)(4) organizati		ount of grants and a	allocations to others	, the total expenses,					
and r	evenue, if any, for each program servi	ce reported.								
4a (Code	: ) (Expenses \$	4,511,616 including grants o	f \$	) (Revenue \$	2,469,799)					
	AEDC OFFERS FREE ASSISTANCE TO SMALL									
	EN AND MINORITY-OWNED BUSINESSES ANI ERS OF BUSINESSES WERE REACHED THRO									
	STANCE TO HELP OUR SMALL BUSINESSES A									

1,178,360 including grants of \$

) (Revenue \$

) (Expenses \$

4b

(Code:

1,292,854)

TEC HARDEOT HIT BY THE

		11010	blica	
	tne prior Form 990 or 990-E2?	Υ	'es 🗳	<b>N</b> o
	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?	L	Yes	🗹 No
_	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	d by e total e	xpense expens	s. es,
4a	(Code: ) (Expenses \$ 4,511,616 including grants of \$ ) (Revenue \$	2,469,	799)	
	THE LAEDC OFFERS FREE ASSISTANCE TO SMALL BUSINESSES AND MICRO-ENTERPRISES THROUGHOUT LOS ANGELES COUNTY, WITH A P/ WOMEN AND MINORITY-OWNED BUSINESSES AND ATTRACTING, RETAINING AND GROWING JOBS FOR THE RESIDENTS OF LA COUNTY, DU NUMBERS OF BUSINESSES WERE REACHED THROUGH MULTI-CHANNEL INFORMATIONAL OUTREACH, AND NUMBERS WERE SERVED ONE-O ASSISTANCE TO HELP OUR SMALL BUSINESSES AND THEIR EMPLOYEES SURVIVE COVID-19 PANDEMIC.	IRING T	HIS FIS	CAL YEAR,
4b	(Code: ) (Expenses \$ 1,178,360 including grants of \$ ) (Revenue \$ THE LAEDC PERFORMED A SERIES OF STRATEGIC INITIATIVES DESIGNED TO CREATE SAFER WORKING ENVIRONMENTS IN COMMUNITIES PANDEMIC AS WELL AS WORKING WITH AREA COMMUNITY COLLEGES TO INFORM THE DEVELOPMENT OF CURRICULUM TO BETTER MEET T LABOR MARKET NEEDS OF LOCAL INDUSTRIES AND EMPLOYERS, AND WORKERS DISLOCATED FROM THEIR EMPLOYMENT BY THE PANDEMI DISRUPTIONS.	HE RAP	ST HIT I PIDLY EV	/OLVING
4c	(Code: ) (Expenses \$ 1,054,667 including grants of \$ ) (Revenue \$	059	222.1	
40	(Code:       ) (Expenses \$ 1,054,667       including grants of \$       ) (Revenue \$         THE LAEDC HOSTS A NUMBER OF EVENTS AND WEBINARS EACH YEAR TO INFORM THE COMMUNITY, ONE OF THE MOST WELL KNOWN IS T       FORECAST, WHICH OFFERS ATTENDEES VALUABLE INSIGHTS ON THE ECONOMIC PROJECTIONS FOR THE REGIONAL ECONOMY. THE 88 CIT         LEADERS FROM LOCAL GOVERNMENTS TO DISCUSS ECONOMIC CHALLENGES AND OPPORTUNITIES OUR COMMUNITIES FACE. THE EDDY A'       PRESTIGIOUS AWARDS PROGRAM TO RECOGNIZE LEADERSHIP IN ECONOMIC DEVELOPMENT IN BUSINESS, EDUCATION, AND GOVERNMENT         ANGELES COUNTY.	HE ECC IES SU WARDS	MMIT CO IS THE	MOST
	(Code:       ) (Expenses \$ 881,414 including grants of \$ ) (Revenue \$         THE LAEDC INSTITUTE FOR APPLIED ECONOMICS' MISSION IS TO PROVIDE OBJECTIVE AND UNPARALLELED ECONOMIC AND POLICY EXPERAND THE BROADER PUBLIC AUDIENCE. IN ADDITION, LAEDC ECONOMISTS PRESENT REGULAR PUBLIC WEBINARS ON THE EVOLVING IMPA         THROUGHOUT THE ENTIRE FISCAL YEAR.	RTISE T		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 881,414 including grants of \$ ) (Revenue \$ 695,9	271)		
4e	Total program service expenses     7,626,057	, 1,		
Form	Page 3			
	990 (2021)			Page <b>3</b>
Pa	990 (2021) rt IV Checklist of Required Schedules			Page <b>3</b>
	rt IV Checklist of Required Schedules		Yes	Page 3
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	<b>Yes</b> Yes	
1	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Sche	_	Yes	Page 3
	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A *         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. *         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2		
1 2	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A *         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. *         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         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_	Yes	No
1 2 3 4	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A *         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. *         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         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	2	Yes	No
1 2 3	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A *         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. *         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         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	2	Yes	No No
1 2 3 4	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A          Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.          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         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         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	2 3 4	Yes	No No No
1 2 3 4 5	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5	Yes	No No No
1 2 3 4 5	It IV       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A          Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.         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         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         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .         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 Schedule D,Part	2 3 4 5 6	Yes	No No No No
1 2 3 4 5 6 7	It IV       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A        Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.        Is         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.        Is       Is         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       Is       Is         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       Is       Is         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part II       Is         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        Is         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        Is         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," <td< td=""><td>2 3 4 5 6 7</td><td>Yes</td><td>No No No No No</td></td<>	2 3 4 5 6 7	Yes	No No No No No
1 2 3 4 5 6 7 8	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8	Yes	No No No No No No
1 2 3 4 5 6 7 8 9	Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9	Yes	No No No No No No No
1 2 3 4 5 6 7 8 9 10 11	Image: Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9	Yes	No No No No No No No

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

9/25/2	3, 11:58 AM Economic Development Corporation Of Los Angeles - Full Filing- Nonprofit Explorer	<ul> <li>ProPu</li> </ul>	blica	
U	to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I <b>S</b> .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🔞	9		No
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		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😼	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🧐	11e	Yes	
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 😼	12a		No
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	1.24	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 4			
_				
	990 (2021)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i>	23	Yes	

complete Schedule J		• •	•		•	• •	•	•	•	•••		•		•	•	• •		•	83
Did the organization the last day of the ye complete Schedule k	ear, tl	hat wa	as issu	ed afte	er Dec	embe	r 31	, 200	2? If	"Yes,	″ ans	wer	lines	24Ľ	b thi	rough	2 <sup>'</sup> 4d		

b Did the organization invest any r	proceeds of tax-exempt bonds be	yond a temporary period exception?	

. Did bla avandation maintain an annan annat abhan bhan a mfinedina annan ab ann binn dinn	
https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full	

# 4/39

Form 990 (2021)

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- Page 4 -

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 🧐	28b	Yes	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt 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			
1-	Enter the number reported in hey 2 of Form 1006 Enter 0 if not applicable 1 to 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a24Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
 1c

Yes

Page **4** 

	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		No
	is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	37		No
	All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	tV 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 5			
Form	990 (2021)			Page 5
Par				Page <b>5</b>
				_
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	та		110
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		No
	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?	79 7h		
		711		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
				6
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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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	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 <b>10b</b>					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
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. <b>12b</b>					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
ь	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					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	parachute payment(s) during the year?					
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	orm <b>99</b>	<b>0</b> (2021)		
	Page 6					
Form	990 (2021)			Page <b>6</b>		
	I VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 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	-	onse to	✓ V		
Se	ction 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 <b>1a</b> 73					
	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         71					
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		No		
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		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No		
6	Did the organization have members or stockholders?	6		No		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	7-		Ne		
b	members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		No No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
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b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 71			
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		No
5	of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	- Code	<b>-</b> )	
		0000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		NO
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	105 11a	Vo-	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?		100	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			<u> </u>
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		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-		<u> </u>
5	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		
Se	ction C. Disclosure			<u>.                                    </u>
	СА			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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.			
10	Own website Another's website V pon 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. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:         ▶KENDAL TURNER 444 S FLOWER STREET 37TH FLOOR       LOS ANGELES, CA 90071 (213) 236-4826	-	orm 00	<b>0</b> (2021)
		Г	5111 23	
	Page 7			
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Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp	loyee	es,	
	and Independent Contractors			$\square$
	Check if Schedule O contains a response or note to any line in this Part VII	• •	• •	. U
-	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
1a Co	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within th	ie orga	nizatior	i's tax

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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DIRECTOR

(9) THOMAS PARHAM

DIRECTOR

DIRECTOR

.....

(10) GEOFFREY DANKER

(11) TANE CONOLEV

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**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.

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**20** State the name, address, and telephone number of the person who possesses the organization's books and records: • KENDAL TURNER 444 S FLOWER STREET 37TH FLOOR LOS ANGELES, CA 90071 (213) 236-4826

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				Page	7						
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Form 990 (2		• • • • • •		14							Page <b>7</b>
Part VII	Compensation of Officers, D and Independent Contractor		stees,	кеу	/En	npi	oyee	es, I	Hignest Compe	nsated Employ	ees,
	Check if Schedule O contains a resp										🗆
	A. Officers, Directors, Truste		-			-				-	
year. • List all	e this table for all persons required to of the organization's <b>current</b> officers	, directors, tru	stees (v	vheth	ner ir	ndivi	iduals				ganization's tax
•	ation. Enter -0- in columns (D), (E), a of the organization's <b>current</b> key emp	. ,	•			•		efini	tion of "key employ	/ee "	
<ul> <li>List the who receive</li> </ul>	organization's five <b>current</b> highest c d reportable compensation (box 5 of and any related organizations.	ompensated er	nployee	s (ot	her t	than	an o	ffice	r, director, trustee	or key employee)	,000 from the
of reportabl	of the organization's <b>former</b> officers, e compensation from the organization	n and any relate	ed orga	nizati	ons.						,000
organizatior	of the organization's <b>former director</b> n, more than \$10,000 of reportable co	mpensation fro	om the								
$\frown$	ructions for the order in which to list	•		ion o			atad		ourreat officer dire	otor or tructoo	
	his box if neither the organization no (A)	(B)	rganizat	.ion c	omp (C)		ated a	any	(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for related	pers and	an òn on is a dir	o not e bo both recto	t che nx, u n an pr/tr	nless office ustee	er )	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) JODIE LES	6H	1.00	x						0	0	0
DIRECTOR			^						0	0	0
(2) ERIC ROV	/EN	1.00									
DIRECTOR			х						0	0	0
(3) ADAM BU	RKE	1.00									
DIRECTOR			х						0	0	0
(4) DAVID AB	EL	1.00									
DIRECTOR			х						0	0	0
(5) BRETT HC	WROYD	1.00									
DIRECTOR			х						0	0	0
(6) THOMAS	WINGARD	1.00	x						0	0	0
(7) DAN MON DIRECTOR	TPLAISIR	1.00	x						0	0	0
(8) BRENNON	CRIST	1.00		1		l	1	1			

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DIRECTOR			1	1		1	1
(6) THOMAS WINGARD	1.00	х			0		0
DIRECTOR		~			0	0	0
(7) DAN MONTPLAISIR	1.00	х			0		0
DIRECTOR		^			U	0	0
(8) BRENNON CRIST DIRECTOR	1.00	х			0	0	0
(9) THOMAS PARHAM DIRECTOR	1.00	х			0	0	0
(10) GEOFFREY DANKER DIRECTOR	1.00	х			0	0	0
(11) JANE CONOLEY DIRECTOR	1.00	х			0	0	0
(12) JOSE GOMEZ DIRECTOR	1.00	х			0	0	0
(13) JUSTIN ERBACCI DIRECTOR	1.00	х			0	0	0
(14) ERIKA BECK DIRECTOR	1.00	х			0	0	0
(15) KATHY BANUELOS DIRECTOR	1.00	х			0	0	0
(16) KATY YOUNG YAROSLAVSKY DIRECTOR	1.00	х			0	0	0
(17) JEFF WILSON	1.00	v					
DIRECTOR		Х			0	0	0

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# Form 990 (2021)

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	pers	an on on is	e bo botl	t che ix, u n an	eck mo nless office ustee)	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) DANIEL LEDGER	1.00	х						0	0	0
DIRECTOR		••••								
(19) DAVID FLEMING	1.00									
DIRECTOR		×						0	0	0
(20) LAURIE SEWELL	1.00									
DIRECTOR		×						0	0	0
(21) GENE HALE	1.00									
DIRECTOR		×						0	0	0
(22) LEWIS C HORNE	1.00									
DIRECTOR		×						0	0	0
(23) THOMAS M PRISELAC	1.00									
DIRECTOR		×				I		0	0	0

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				99			ated				
Distriction         A <th< td=""><td>(18) DANIEL LEDGER</td><td>1 00</td><td></td><td>1</td><td>-</td><td>-</td><td></td><td></td><td></td><td></td><td></td></th<>	(18) DANIEL LEDGER	1 00		1	-	-					
Sectors	DIRECTOR	1.00	×						0	0	
20         LUB E SeverL         1.00         x         0         0           DECTOR         1.00         x         0         0         0           DESCTOR         1.00<		1.00									
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	DIRECTOR		×						0	0	
Discretes	(20) LAURIE SEWELL	1.00							_	_	
17) Some Hale       1.00       x       0       0         23) LINE CHONE       1.00       x       0       0         25) MARE SERVEX       1.00       x       0       0         25) MARE SERVEX       1.00       x       0       0         25) MARE SERVEX       1.00       x       0       0         26) DAND LINES       1.00       x       0       0         27) STRAME SERVEX       1.00       x       0       0         28) DAND KANCHAN       1.00       x       0       0         29) DANE SERVEX       1.00       x       0       0         29) DANE SERVEX       1.00       x       0       0         20) DANE SERVEX       1.00       x       0       0         20) DANE SERVEX       1.00       x       0       0         20) DANE SERVEX       1.00       x       0 <td< td=""><td></td><td></td><td>×</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td></td></td<>			×						0	0	
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22) LEWS CHONNE       1.00       x       x       0       0         DECTOR       1.00       x       0       0       0         DERCTOR       1.00       x <t< td=""><td>DIRECTOR</td><td>1.00</td><td>×</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td></td></t<>	DIRECTOR	1.00	×						0	0	
Name         Name <th< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		1.00									
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# 9/25/23, 11:58 AM

# Economic Development Corporation Of Los Angeles - Full Filing- Nonprofit Explorer - ProPublica

9/25/23, 11:58 AM Eco	onomic Developn	nent Co	rporat	tion	Of L	os An	geie	es - Fuil Fliing- Non	profit Explorer - Pro	Publica
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(74) WILLIAM C ALLEN	50.00										
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(75) STEPHEN CHEUNG	50.00			v				202.012			20.55
EXECUTIVE VICE PRES./COO	3.00			х				302,812	0		39,52
(76) SUSAN STEL	50.00			v				215 141	0		26.70
EXECUTIVE VICE PRES./CFO	3.00			х				315,141	0		26,79
(77) KENDAL R TURNER	40.00			v				00 707			F. (7)
EXECUTIVE VICE PRES./CFO				х				80,707	0		5,63
(78) JESSICA KU KIM	40.00				v			107.400			12.71
VP WORKFORCE & BUS. DEVELOPMENT					х			187,460	0		13,71
(79) SHANNON SEDGWICK	40.00					v			_		
DIR. INSTITUTE FOR APPLIED ECONOMIC						Х		155,614	0		6,68
1b Sub-Total				•	•	•					
c Total from continuation sheets to F	•				•	-					
d Total (add lines 1b and 1c)						•		1,520,645	0		128,51

of reportable compensation from the organization > 12

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
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		No
Se	ection B. Independent Contractors			

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.

	5 ,	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
3158 STRATEGIES INC DBA SOUTHERN CALIF	CONSULTING SCLC/COED	245,000
201 N HARBOR BLVD STE 205 FULLERTON, CA 92832		
RICHARD VERCHES, 13662 PARK STREET WHITTIER, CA 90601	CONSULTING/CCW	191,850
MICHAEL ROOS, 76065 VIA SOVANA	CONSULTING SCLC/COED	180,000

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

5     Did any person listic on line La receive or accrue compensation from any unrelated organization of dividual for services received to the organization? If <i>Prog.</i> complete Schedule J for such person	individual	• • • •	· · · · · · ·			4 Yes
1. Complete this table for your five highest compensate of independent contractors that received more than \$100,000 of compensation.         (0)<						5
1         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation five work calculations are approximately in the calculation work within the organization independent contractors including with or within the organization independent contractors including with or within the organization independent contractors including with or within the organization independent contractors including but not limited to those listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these listed above) who received more than \$100,000 of compensation fit works and the organization independent contractors (including but not limited to these li	Section B. Independent Contractors					
(A)         (B)         (C)         (C) <th(c)< th=""> <th(c)< th=""> <th(c)< th=""></th(c)<></th(c)<></th(c)<>	1 Complete this table for your five highest comp					pensation
Name and busines         Description of services         Compensation           210 N HARROR RUO STE 2015         200 N HARROR RUO STE 2015         2015           22 Total AND REAL SQUTTERING CALIF         CONSULTING SQLCCOD         10           210 N HARROR RUO STE 2015         CONSULTING SQLCCOD         10           211 MARTOR RUO STE 2015         CONSULTING SQLCCOD         10           211 MARTOR RUO STE 2015         CONSULTING SQLCCOD         10           211 MARTOR RUO SQLC SQLC         CONSULTING SQLCCOD         10           211 MARTOR RUO SQLC SQLC SQLC SQLC SQLC SQLC SQLC SQLC						(C)
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13.62 PARK STREFT         CONSULTING SCLC/COED         18           INTERLE LC MODEL         CONSULTING SCLC/COED         18           INTERLE TROOS, MAIL         CONSULTING SCLC/COED         19           INTERLE TROOS, MAIL         CONSULTING SCLC/COED         F           INTERLE TROOS, MAIL         CONSULTING SCLC/COED         F           INTERLE TROOS, MAIL         INTERLE TROOP         CONSULTING SCLC/COED           INTERLE TROOP         CONSULTING SCLC/COED         INTERLE TROOP           INTERLE TROOP         INTERLE TROOP         CONSULTING SC	FULLERTON, CA 92832					
Page 9     CONSULTING/SAW     12       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 ▶ 4     Form 990 (2021)       Page 9     Form 990 (2021)     Form 990 (2021)       Part VIII     Statement of Revenue     Units Statement of Revenue       Check if Schedule 0 contains a response or note to any line in this Part VIII     Control to state a revenue     Units of the organization b 4       Part VIII     Statement of Revenue     Units of the organization b 1     Form 990 (2021)       Part VIII     Statement of Revenue     Units of the organization b 1     Form 990 (2021)       Part VIII     Statement of Revenue     Units of the organization b 1     Form 990 (2021)       Pred VIII     Statement of Revenue     Units of the organization b 1     Form 990 (2021)       Pred VIII     Statement of Revenue     Units of the organization b 1     Form 990 (2021)       Pred VIII     Statement of Revenue     Total revenue     Units of the organization b 1       Image: State of the organization b 1     Image: State of the organization b 1     Image: State of the organization b 1       Image: State organizations     Image: State of the organization b 1     Image: State of the organization b 1     Image: State of the organization b 1       Image: State organizations     Image: State of the organization b 1     <	13662 PARK STREET			CONSULTIN	G/CCW	191
a13 AINTONE AVECUMENT CITY, CA. 90222       Image: Compensation from the organization > 4       Image: Compensation from the organization > 4         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 > 4       Form 990 (         Page 9         Form 990 (2021)         Page 9         Check if Schedule O contains a response or note to any line in this Part VIII	76065 VIA SOVANA			CONSULTIN	G SCLC/COED	180
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 <b>*</b> 4       Form <b>990</b> (2021)         Page 9	TASK FORCE LLC			CONSULTIN	G/SAW	128
compensation from the organization ▶ 4     Form 990 (       Page 9       Form 990 (2021)       Form 9						
compensation from the organization ▶ 4     Form 990 (       Page 9       Form 990 (2021)       Form 990 (2021)       Check if Schedule O contains a response or note to any line in this Part VIII       Check if Schedule O contains a response or note to any line in this Part VIII       Prederated campaigns . 1a       Federated campaigns . 1b       Difference       Prederated campaigns . 1b       Difference       Check if Schedule O contains a response or note to any line in this Part VIII       Prederated campaigns . 1a       Federated campaigns . 1b       Difference       Check if Schedule O contains a response or note to any line in this Part VIII       Prederated campaigns . 1a       Office Campaigns . 1b       Difference       Check if Schedule O contains a response or note to any line in this Part VIII       Prederated campaigns . 1a       Office Campaigns . 1c       If Monthistic grant campaigns . 1c       If Monta Scale ontributions included in lines 1a-1f	2 Total number of independent contractors (includi	na but not limite	d to those listed abo	ve) who received m	ore than \$100,000	) of
Page 9         Form 990 (2021)         Part Vill       Statement of Revenue         Check if Schedule O contains a response or note to any line in this Part Vill					0.0 mm	
Form 990 (2021)         Form 900 (2021)         Provide Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII .         Contributions of Revenue (A) (8) (C) Unrelated by Revenue excluded of tax under set prevenue         Related or prevenue         CO (C) Unrelated by Revenue excluded of tax under set prevenue         Revenue (C) (C) Unrelated by Revenue excluded of tax under set prevenue         Revenue (C) (C) Unrelated by Revenue (C) (C) Unrelated by Revenue (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)						Form <b>990</b> (2
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Part VIII       Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII			5			
Check if Schedule O contains a response or note to any line in this Part VIII       Contribution         (A)       (A)       (C)						Pa
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Pederated campaigns     1a       Contributions,     Intributions,       Second contributions,     Intributions,       Second contributions,     Intributions,       Second contributions,     Intributions,       Intributions,     Intributions,       Intristance,     Intributions,			(A)	(B)		
revenue       512 - 51.         Startisticitions,       11         Startisticitions,       11         Startisticitions,       11         Startisticitions,       11         Startisticities,       11         Startisticities,       11         Startisticities,       11         Startistic definitions,       11         Startis, and thet			Total revenue			Revenue excluded fro
Federated campaigns 1a   Contributions,   Aff MemberShip dues 1b   Diter Ant   Service   d Related organizations   1d   e Government grants (contributions)   1e   359,205   f All other contributions, gifts, grants, and smillar amounts not included in lines 1a - 1f.5   1g   not risk and smillar amounts not included in lines 1a - 1f.5   1g   Noncash contributions included in lines 1a - 1f					revenue	tax under sec
Business Code         Image: Consulting & SERVICE CONTRACTS         Business Code         Image: Consulting & SERVICE CONTRACTS         Service Consulting & SERVICE CONTRACTS         Service Consulting & SERVICE CONTRACTS         Service Consulting & Service Constrance         Service Constraints	DtherAmt         Similar         Arhol Htg/raising events         d Related organizations         1d         e Government grants (contributions)         359,205         f All other contributions, gifts, grants, and similar amounts not included above         1,844,197         g Noncash contributions included in					
2a CONSULTING & SERVICE CONTRACTS       541720       4,437,599       4,437,599         , SPONSORED EVENT PROGRAMS       541720       979,357       979,357         .       .       .       .       .         .       .       .       .       .         .       .       .       .       .         .       .       .       .       .         .       .       .       .       .       .         .       .       .       .       .       .         .       .       .       .       .       .       .	h Total. Add lines 1a-1f	▶ 2,203,402				
SPONSORED EVENT PROGRAMS     541720       SPONSORED EVENT PROGRAMS     541720       SPONSORED EVENT PROGRAMS     541720		Business Code				
		541720	4,437,599	4,437,599		
	, SPONSORED EVENT PROGRAMS	541720	979,357	979,357		
	Ва — — — — — — — — — — — — — — — — — — —			<u> </u>	L	
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https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

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<b>h Total.</b> Add lines 1a-1f	2,203,402			
	Business Code			
2a CONSULTING & SERVICE CONTRACTS	541720	4,437,599	4,437,599	
, SPONSORED EVENT PROGRAMS	541720	979,357	979,357	
Service				
, ogram				
<b>f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a–2f	5,416,956			
<b>3</b> Investment income (including dividends, inte similar amounts)	erest, and other	986,378		986,378
4 Income from investment of tax-exempt bond	l proceeds			
5 Royalties				
(i) Real	(ii) Personal			

efile Public Visual Render ObjectId: 202310799349300481 - Submission: 2023-03-20 T					
				OMB No. 1545-0047	
Department of the Treasury		Public Charity Status and Public Suppo nplete if the organization is a section 501(c)(3) organization or 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. Go to <u>www.irs.gov/Form990</u> for instructions and the latest info	section 2021		
Name of the organization Employer identifi				ication number	
OF LOS ANGELES COUNTY 95-3643339					
		Charity Status (All organizations must complete this part.) S	ee instructions.		
The organization is not	a private fou	ndation because it is: (For lines 1 through 12, check only one box.)			
<b>1</b> 🗌 A church, c	convention of	churches, or association of churches described in <b>section 170(b)(1)(</b>	(A)(i).		

2 A bosnital as a connective bosnital convice ascanization described in section 170/b/(1)/A)/III

SCHEDULE A (Form 990)       Public Charity Status and Public Support         Department of the Treasury Internal Revenue Service       Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	nter the hospital's
Department of the Treasury Internal Revenue Service <ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> Name of the organization ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY       Employer identification 95-3643339         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 12, 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 (Form 990).)         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). Er name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit descrite 170(b)(1)(A)(iv). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)	Inspection cation number
ECONOMIC DEVELOPMENT CORPORATION       95-3643339         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 12, check only one box.)       1         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Er name, city, and state:         An organization operated for the benefit of a college or university owned or operated by a governmental unit describe 170(b)(1)(A)(iv). (Complete Part II.)         A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         An organization that normally receives a substantial part of its support from a governmental unit or from the genera section 170(b)(1)(A)(v). (Complete Part II.)	nter the hospital's
OF LOS ANGELES COUNTY       95-3643339         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 12, 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 (Form 990).)         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). Er name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit describe 170(b)(1)(A)(iv). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       ✓ An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)	
<ul> <li>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Er name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	
<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). En name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Er name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	
<ul> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enname, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(v). (Complete Part II.)</li> </ul>	
<ul> <li>name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(v). (Complete Part II.)</li> </ul>	
<ul> <li>170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	bed in <b>section</b>
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	
section 170(b)(1)(A)(vi). (Complete Part II.)	al public described in
8 A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)	ai public described in
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college on university:	ege or university or a
An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, a from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its su investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the o 30, 1975. See section 509(a)(2). (Complete Part III.)	upport from gross
1 An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	
<b>a</b> Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization organization <b>A</b> and <b>B</b> .	
<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by hav management of the supporting organization vested in the same persons that control or manage the supported organ must complete Part IV, Sections A and C.	
C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	ted with, its
<ul> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organ functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement instructions). You must complete Part IV, Sections A and D, and Part V.</li> </ul>	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III	functionally
integrated, or Type III non-functionally integrated supporting organization. <b>f</b> Enter the number of supported organizations	
<ul> <li>Provide the following information about the supported organization(s).</li> </ul>	
(i) Name of supported organization (ii) EIN (iii) EIN (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Yes No	
otal	
or Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule orm 990 or 990-EZ.	A (Form 990) 2021
Page 2	
chedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)	Page 2
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qua If the organization failed to qualify under the tests listed below, please complete Part III.)	
Section A. Public Support	

				Yes N	0		
Total							Form 990) 2021
For Paperwork Reduction Form 990 or 990-EZ.	TACE NOTICE, S		Page 2	t. No. 11285F		Schedule A	
Schedule A (Form 990) 202	1						Page <b>2</b>
Part II Support S	chedule for	Organizations	Described in	Sections 170()	o)(1)(A)(iv) a	nd 170(b)(1)(	
(Complete If the organ	only if you ch nization failed	necked the box	on line 5, 7, or 8 er the tests liste	3 of Part I or if t	he organization	failed to qualify	
Section A. Public Su	pport						1
Calendar year (or fiscal year beginning	j in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
<ol> <li>Gifts, grants, contribution membership fees received include any "unusual grander</li> </ol>	ons, and ved. (Do not rant.")	5,001,367	4,846,165	4,931,509	2,400,500	2,203,402	2 19,382,943
2 Tax revenues levied for organization's benefit a to or expended on its benefit a	nd either paid ehalf						
3 The value of services or furnished by a governm the organization withou	nental unit to						
4 Total. Add lines 1 throu		5,001,367	4,846,165	4,931,509	2,400,500	2,203,402	19,382,943
5 The portion of total con each person (other than governmental unit or pu supported organization) line 1 that exceeds 2% amount shown on line 1	n a ublicly ) included on of the						
6 Public support. Subtra	act line 5						19,382,943
Section B. Total Sup	port						T
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Calendar year (or fiscal year beginning	a in) 🕨	(a) 2017	(5) 2010	• •			
<ul><li>(or fiscal year beginning</li><li>7 Amounts from line 4.</li></ul>		5,001,36			2,400,500	2,203,402	19,382,943
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar securities</li> </ul>	terest, received on , royalties and ources.	. ,	7 4,846,165	4,931,509			
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly or</li> </ul>	terest, received on , royalties and ources. lated business not the carried on.	5,001,36	7 4,846,165	4,931,509			
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> </ul>	terest, received on , royalties and ources elated business not the carried on include gain of capital t VI.)	5,001,36	7 4,846,165	4,931,509			2,808,661
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale co assets (Explain in Part</li> <li>11 Total support. Add li 10</li> </ul>	terest, received on , royalties and ources lated business not the carried on include gain of capital t VI.). ines 7 through	5,001,36	2 467,327	4,931,509	369,652	2 1,028,327	7 2,808,661 ) 13,990
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> <li>11 Total support. Add li</li> </ul>	terest, received on , royalties and ources lated business not the carried on include gain of capital t VI.). ines 7 through	5,001,36	2 467,327	4,931,509	369,652	2 1,028,327	2,808,661 13,990 22,205,594
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the Formation of the sale of the same second second</li></ul>	terest, received on , royalties and ources. lated business not the arried on. include gain of capital t VI.). ines 7 through lated activities, orm 990 is for	etc. (see instruct	4,846,165 467,327	4,931,509 553,613	369,652	2 1,028,327 13,990 13,990 13,990 13,990 13,990 13,990	2,808,661 ) 13,990 22,205,594 15,115,782
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or to business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> </ul>	terest, received on , royalties and ources. lated business not the arried on. include gain of capital t VI.). ines 7 through lated activities, orm 990 is for f	5,001,36 389,74 etc. (see instruct the organization's	4,846,165 467,327	4,931,509 553,613	369,652	2 1,028,327 13,990 13,990 13,990 13,990 13,990 13,990	2,808,661 ) 13,990 22,205,594 15,115,782
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part 11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> </ul>	terest, received on , royalties and ources lated business not the carried on include gain of capital t VI.) ines 7 through lated activities, orm 990 is for the e	etc. (see instruct the organization's	4,846,165 467,327 ions) first, second, third centage	4,931,509 553,613	369,652	2 1,028,327 13,990 13,990 13,990 0 13,000 13,000 13,000	2,808,661 ) 13,990 22,205,594 15,115,782
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents, income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly of</li> <li>10 Other income. Do not or loss from the sale or assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>Section C. Computat</li> <li>14 Public support percenta</li> </ul>	terest, received on , royalties and ources elated business not the carried on include gain of capital t VI.) ines 7 through lated activities, orm 990 is for f e tion of Publi age for 2021 (li	etc. (see instruct the organization's c Support Per ne 6, column (f) of	7       4,846,165         2       467,327         ions)       .         first, second, third         centage         divided by line 11,	4,931,509 553,613	369,652	2 1,028,327 13,990 13,990 13,990 0 13,000 13,000 13,000	2,808,661 13,990 22,205,594 15,115,782 nization, check
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly of</li> <li>10 Other income. Do not or loss from the sale oc assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>Section C. Computat</li> <li>14 Public support percenta</li> <li>15 Public support percenta</li> </ul>	terest, received on , royalties and ources lated business not the carried on include gain of capital t VI.) ines 7 through lated activities, orm 990 is for f e tion of Publi age for 2021 (li age for 2020 So	etc. (see instruct the organization's c Support Per ne 6, column (f) o chedule A, Part II,	7       4,846,165         2       467,327         ions)       .         ions)       .         first, second, third         centage         divided by line 11,         line 14       .	4,931,509 553,613	369,652	2 1,028,327 13,990 12 0n 501(c)(3) organ 14 15	2,808,661 13,990 22,205,594 15,115,782 nization, check 87.290 % 90.350 %
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly of</li> <li>10 Other income. Do not or loss from the sale of assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>Section C. Computation</li> </ul>	terest, received on , royalties and ources lated business not the carried on include gain of capital t VI.) ines 7 through lated activities, orm 990 is for f e tion of Publi age for 2021 (li age for 2020 So	etc. (see instruct the organization's c Support Per ne 6, column (f) o chedule A, Part II,	7       4,846,165         2       467,327         ions)       .         ions)       .         first, second, third         centage         divided by line 11,         line 14       .	4,931,509 553,613	369,652	2 1,028,327 13,990 12 0n 501(c)(3) organ 14 15	2,808,661 13,990 22,205,594 15,115,782 nization, check 87.290 % 90.350 % box
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly of</li> <li>10 Other income. Do not or loss from the sale of assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>Section C. Computat</li> <li>14 Public support percenta</li> <li>15 Public support percenta</li> <li>16a 33 1/3% support test and stop here. The org box and stop here. T</li> </ul>	terest, received on , royalties and ources. 	5,001,363 389,743 etc. (see instruct the organization's <b>c Support Per</b> ne 6, column (f) o chedule A, Part II, organization did lifies as a publicly e organization dic n qualifies as a pu	4,846,165 467,327 467,327 ions) first, second, third centage divided by line 11, line 14 not check the box supported organiz not check a box c blicly supported or	4,931,509 553,613 553,613	369,652	2 1,028,327 13,990 13,990 12 0n 501(c)(3) organ 14 15 14 15 14 15 	2,808,661
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar so</li> <li>9 Net income from unre activities, whether or business is regularly of</li> <li>10 Other income. Do not or loss from the sale of assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>14 Public support percenta</li> <li>15 Public support percenta</li> <li>16a 33 1/3% support test and stop here. The or box and stop here. The or box and stop here. T</li> <li>17a 10%-facts-and-circu and if the organization</li> </ul>	terest, received on , royalties and ources. .lated business not the carried on. include gain of capital t VI.). ines 7 through lated activities, orm 990 is for tener 1 for age for 2021 (li age for 2020 So t-2021. If the ganization qual st-2020. If the he organization mets the "faction"	5,001,363 389,743 etc. (see instruct the organization's <b>c Support Per</b> ne 6, column (f) of chedule A, Part II, organization did lifies as a publicly e organization did ifies as a publicly e organization did the <b>u</b> ulifies as a put <b>t</b> - <b>2021.</b> If the o ts-and-circumstant	4,846,165 467,327 467,327 ions) first, second, third centage divided by line 11, line 14 not check the box supported organiz not check a box c blicly supported or rganization did not nees" test, check th	4,931,509 553,613 553,	369,652	1,028,327         1,028,327         13,990         13,990         13,990         14         15	2,808,661 2,808,661 13,990 22,205,594 15,115,782 nization, check 87.290 % 90.350 % box ► ✓ ck this ► □ D% or more, anization
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<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>Section C. Computat</li> <li>14 Public support percentation</li> <li>15 Public support percentation</li> <li>16a 33 1/3% support test and stop here. The orgination box and stop here. The orgination meets the "facts-and-circu and if the organization meets the "facts-and-circu more, and if the organization.</li> <li>18 Private foundation. I</li> </ul>	terest, received on , royalties and ources. .lated business not the carried on. include gain of capital t VI.). ines 7 through lated activities, orm 990 is for ference tion of Public age for 2021 (lift age for 2020 Set t-2021. If the ganization qual st-2020. If the received the set of circumstances tes incumstances tes meets the "fact circumstances" differences the set of the organization circumstances tes circumstances te	5,001,363 389,743 etc. (see instruct the organization's <b>c Support Per</b> ne 6, column (f) of chedule A, Part II, organization did lifies as a publicly e organization did lifies as a publicly e organization did n qualifies as a pu t <b>-2021.</b> If the o ts-and-circumstar test. The organiza <b>st -2020.</b> If the o the "facts-and-circ test. The organiza ion did not check	4,846,165 467,327 467,327 ions) first, second, third centage divided by line 11, line 14 not check the box supported organiz not check the box supported organiz not check a box of blicly supported or rganization did not nees" test, check th thion qualifies as a organization did not custances" test, ation qualifies as a a box on line 13, 1	4,931,509 553,613 553,613 553,613 553,613 553,613 4, fourth, or fifth t column (f))  on line 13, and lin ation on line 13, and lin ation on line 13 or 16a, . ganization check a box on lin is box and <b>stop l</b> publicly supported the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check a box on check a box on check a box and a check a box on check a box on check a box on check a box and a check a box on check a box and a check a check a box and a check a check a box and a check	369,652	1,028,327         13,990         13,990         13,990         13,990         14         15	2,808,661 13,990 22,205,594 15,115,782 nization, check 87.290 % 90.350 % box ►
<ul> <li>(or fiscal year beginning</li> <li>7 Amounts from line 4.</li> <li>8 Gross income from int dividends, payments r securities loans, rents income from similar sc</li> <li>9 Net income from unre activities, whether or business is regularly c</li> <li>10 Other income. Do not or loss from the sale c assets (Explain in Part</li> <li>11 Total support. Add li 10</li> <li>12 Gross receipts from rel.</li> <li>13 First 5 years. If the For this box and stop here</li> <li>14 Public support percenta</li> <li>15 Public support percenta</li> <li>16a 33 1/3% support test and stop here. The or box and stop here. T</li> <li>17a 10%-facts-and-circu and if the organization meets the "facts-and-circu more, and if the organization meets the "facts-and-circu</li> </ul>	terest, received on , royalties and ources. .lated business not the carried on. include gain of capital t VI.). ines 7 through lated activities, orm 990 is for ference tion of Public age for 2021 (lift age for 2020 Set t-2021. If the ganization qual st-2020. If the received the set of circumstances tes incumstances tes meets the "fact circumstances" differences the set of the organization circumstances tes circumstances te	5,001,363 389,743 etc. (see instruct the organization's <b>c Support Per</b> ne 6, column (f) of chedule A, Part II, organization did lifies as a publicly e organization did lifies as a publicly e organization did n qualifies as a pu t <b>-2021.</b> If the o ts-and-circumstar test. The organiza <b>st -2020.</b> If the o the "facts-and-circ test. The organiza ion did not check	4,846,165 467,327 467,327 ions) first, second, third centage divided by line 11, line 14 not check the box supported organiz not check the box supported organiz not check a box of blicly supported or rganization did not nees" test, check th thion qualifies as a organization did not custances" test, ation qualifies as a a box on line 13, 1	4,931,509 553,613 553,613 553,613 553,613 553,613 4, fourth, or fifth t column (f))  on line 13, and lin ation on line 13, and lin ation on line 13 or 16a, . ganization check a box on lin is box and <b>stop l</b> publicly supported the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a box on check this box and a publicly supported for the check a for the check a box on check this box and a publicly supported for the check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check this box and a check a box on check a box on check a box on check a box and a check a box on check a box on check a box on check a box and a check a box on check a box and a check a check a box and a check a check a box and a check	369,652	1,028,327         13,990         13,990         13,990         13,990         14         15	2,808,661 13,990 22,205,594 15,115,782 nization, check 87.290 % 90.350 % box ► 87.290 % 90.350 % box ► 5 is 10% or the organization ► •

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	and stop nere. The organization qualifies as a publicly supported organization
b	33 1/3% support test—2020. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2021. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . 🕨 🗌

10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or b more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization mosts the "facts and six-sumstances" test. The examination sublidies as a publicly supported examination . . 🕨 🗆

	meets the facts-and-circumstances test. The organization qualities as a publicity 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

motrace		 	 	 	
instruct	ions			 🕨 🖯	

Page 3

Schedule A (Form 990) 2021

	Schedule /	A (Form	990)	2021
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#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

Page 3

	(Complete only if you c						nder Part II. If
	the organization fails to	o qualify unde	r the tests liste	d below, please	e complete Part	II.)	
	ction A. Public Support		-				
	ndar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	fiscal year beginning in)						
T	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	<b>Total.</b> 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.		_				
	Add lines 7a and 7b.		_				
8	<b>Public support.</b> (Subtract line 7c						
- 60	from line 6.) ction B. Total Support						
-							
	ndar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest,						
100	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.						
с	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c,						
	11, and 12.).						
14	First 5 years. If the Form 990 is for t	he organization	s first, second, t	hird, fourth, or fif	th tax year as a se	ection 501(c)(3) o	rganization, check
	this box and <b>stop here</b>	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u> .	<u>.</u> . <b>▶</b> □
Se	ction C. Computation of Public	Support Per	centage				
15	Public support percentage for 2021 (lin			.3, column (f)) .		15	
16	Public support percentage from 2020 S	Schedule A, Part	III, line 15			16	
						1 - • 1	
<u> </u>	ction D. Computation of Invest Investment income percentage for 20	<b>21</b> (line 10c. co	lumn (f) divided	by line 13, colum	n (f))	. 17	

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	1975.					1		
с	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on.							
12								
	(Explain in Part VI.)							
13	11, and 12.).							
14	First 5 years. If the Form 990 is for the organization	s first, second, third	, fourth, or fifth t	ax year as a section	501(c)(3)	) organiza	tion, cł	neck
	this box and <b>stop here</b>							
Se	ection C. Computation of Public Support Per	centage						
15	Public support percentage for 2021 (line 8, column (f)	divided by line 13,	column (f))		15			
16	Public support percentage from 2020 Schedule A, Part				16			
Se	ection D. Computation of Investment Incom	e Percentage						
17	Investment income percentage for <b>2021</b> (line 10c, co	lumn (f) divided by I	ine 13, column (f	))	17			
18	Investment income percentage from 2020 Schedule	, Part III, line 17 .			18			·
	33 1/3% support tests-2021. If the organization did	I not check the box of	on line 14, and lin	e 15 is more than 3	_	nd line 17	is not	
	more than 33 1/3%, check this box and <b>stop here.</b> Th						_	
b	<b>33</b> 1/3% support tests—2020. If the organization d	id not check a box o	n line 14 or line 1	9a, and line 16 is m	ore than 3	 33 1/3% ar	nd line	18 is
	not more than 33 1/3%, check this box and stop here	. The organization g	ualifies as a publi	cly supported organ	ization .			
20	Private foundation. If the organization did not check						_	
	Fivate ioundation. If the organization did not check				Schedule			2021
					Scheuule		550)	2021
		Page 4						
Sche	dule A (Form 990) 2021						F	Page <b>4</b>
	rt IV Supporting Organizations							uge -
rai	(Complete only if you checked a box on line 12 box 12b, of Part I, complete Sections A and C. 12d, of Part I, complete Sections A and D, and	If you checked box						
		complete Part V.)						
36	ection A. All Supporting Organizations							<u> </u>
							Yes	No
1	Are all of the organization's supported organizations li If "No," describe in <b>Part VI</b> how the supported organi describe the designation. If historic and continuing rea	zations are designat				1		<u> </u>
2	Did the organization have any supported organization 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the described in section 509(a)(1) or (2).							
3a	Did the organization have a supported organization de 3c below.	escribed in section 50	)1(c)(4), (5), or (	6)? If "Yes," answer	r lines 3b a			
b	Did the organization confirm that each supported orgative public support tests under section 509(a)(2)? If "					3a		
	determination.			-		3b		
c	Did the organization ensure that all support to such o If "Yes," explain in <b>Part VI</b> what controls the organiza	tion put in place to	ensure such use.			3c		
4a	Was any supported organization not organized in the checked box 12a or 12b in Part I, answer lines 4b and	4c below.		·		4a		
b	Did the organization have ultimate control and discret organization? If "Yes," describe in <b>Part VI</b> how the or supervised by or in connection with its supported orga	ganization had such				or 4b		
c	Did the organization support any foreign supported or $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>P</b> to the foreign supported organization was used exclused organization was used exclused by the set of t	art VI what controls	the organization	used to ensure that				<b></b>
5a	Did the organization add, substitute, or remove any s and 5c below (if applicable). Also, provide detail in <b>Pa</b> organizations added, substituted, or removed; (ii) the organization's organizing document authorizing such a	upported organizatio <b>rt VI,</b> including (i) t reasons for each su	ns during the tax he names and EII ch action; (iii) the	year? If "Yes," answ N numbers of the su e authority under the	pported e	Б		
ь	amendment to the organizing document). <b>Type I or Type II only.</b> Was any added or substitute					5a		
-	organization's organizing document?	2	·			5b		
с	Substitutions only. Was the substitution the result of		-			5c		<b> </b>
6	Did the organization provide support (whether in the i than (i) its supported organizations, (ii) individuals th supported organizations, or (iii) other supporting orga organization's supported organizations? <i>If "Yes," prov</i>	at are part of the cha nizations that also s	aritable class bene upport or benefit	efited by one or mor	re of its	her 6		
7	Did the organization provide a grant, loan, compensal section $4958(c)(3)(C)$ , a family member of a substant					n		<u> </u>

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	Schedule A	(Form 9	90) 2021
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b></i> .	6	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c	
			1

Page 5 -

Schedule A (Form 990) 2021

Page 5

Yes

Yes

No

1

2

No

Part IV Supporting Organizations (continued)						
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the					
	governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c				

	Section B.	Type I S	upporting	Organizations
--	------------	----------	-----------	---------------

- 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "*Yes*," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

# Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

# Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the

		_	,				1		
remove directors or trustees were allocated	among the su	pported	lorganizations	and what conditi	ions or restr	ictions, if	any,	1	
applied to such powers during the tax year.			5			,			
upplied to such powers during the tax year.								1	

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 2 operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

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2	

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### Section C. Type II Supporting Organizations

		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	documents in effect of the date of notification, to the extent hot previously provided.	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported expaniation(s).			
	organization maintained a close and continuous working relationship with the supported organization(s).			

3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

## Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- The organization satisfied the Activities Test. Complete line 2 below. а  $\square$
- b The organization is the parent of each of its supported organizations. Complete line 3 below.  $\square$
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С  $\square$

#### 2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See  $\square$ instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

- ---- -

Economic Development Corporation Of Los Angeles - Full Filing- Nonprofit Explorer - ProPublica

1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	(A) Prior Year	
	Aggregate fair market value of all non-exempt-use assets (see instructions for short	1 1a	(A) Prior Year	
a	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(A) Prior Year	
a	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities	 1a	(A) Prior Year	
a b c	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	 1a 1b	(A) Prior Year	
a b c d	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1a 1b 1c	(A) Prior Year	
a b c d	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets <b>Total</b> (add lines 1a, 1b, and 1c) <b>Discount</b> claimed for blockage or other factors	1a 1b 1c	(A) Prior Year	

efile Public Visual Ren	der Objectid: 2	202310799349300481 - Submission: 2023-03-20		TIN: 95-3643339
Schedule B		Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990, 990-EZ, or 990-PF.</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul>		2021
Name of the organization ECONOMIC DEVELOPMEN OF LOS ANGELES COUNT	<b>Employer id</b> 95-3643339	entification number		
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	□ 501(c)(	) (enter number) organization		

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

efile Public Visual Render	ObjectId: 202310799349300481 - Submission: 2023-03-20		TIN: 95-3643339
Schedule B	Schedule of Contributors	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service		2021	
Name of the organization ECONOMIC DEVELOPMENT CO OF LOS ANGELES COUNTY	RPORATION	Employer id	entification number
Organization type (check or	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	tion	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	$\Box$ 4947(a)(1) nonexempt charitable trust treated as a private foundation		
	□ 501(c)(3) taxable private foundation		

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

### **General Rule**

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

### Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)
Pa	ige 2	
Schedule B (Form 990) (2021)	P	age <b>2</b>

Name of organization

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

Employer identification number

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

For Paperwork Reduction Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990) (2021)
for Form 990, 990-EZ, or 990-PF.		

– Page 2 –

hedule B (Forn me of organizati ONOMIC DEVEL LOS ANGELES (	ion OPMENT CORPORATION	Pag <b>Employer ic</b> 95-3643339	lentification number
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	(c) Total contributions	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     (d)     Type of contribution
No.	Name, address, and ZIP + 4		Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul><li>Person</li><li>Payroll</li></ul>

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			<ul><li>Person</li><li>Payroll</li></ul>
		\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

— Page 3 —

Schedule B	8 (Form 990) (2021)		Page 3
Name of org	anization DEVELOPMENT CORPORATION	Employer identification n	umber
OF LOS ANG	SELES COUNTY	95-3643339	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	·	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2021)

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

Schedule B (Form 990) (2021)

efile Public Visua	l Render	ObjectId: 202310	799349300481 - Submission: 202	23-03-20	TIN: 95-3643339	
SCHEDULE D Supplemental Financial Statementa			OMB No. 1545-0047			
(Form 990)		• •	ntal Financial Statement	2021		
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
Name of the organi ECONOMIC DEVELOPMEN OF LOS ANGELES COUNT	NT CORPORATIO	N		<b>Employer ide</b> 95-3643339	ntification number	
			ised Funds or Other Similar Fund es" on Form 990, Part IV, line 6.	s or Accounts.		
			(a) Donor advised funds	(b) Funds	and other accounts	
1 Total number at e	end of year .					
2 Aggregate value	of contributio	ns to (during year)				
• • • • • • • • • • • • • • • • • • • •	- 6	. /				

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

efil	e Public Visua	l Render	ObjectId: 2023107	/99349300481 - Submissior	n: 2023-03	-20	TIN: 95-3643339	
SCI	HEDULE D		Sunnlamor	Ital Financial Statem	onte		OMB No. 1545-0047	
Depart	n 990) ment of the Treasury	I	► Complete if the or Part IV, line 6, 7, 8, 9, 1	Complete if the organization answered "Yes," on Form 990, V, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				
_	I Revenue Service		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the lat			Inspection	
ECC	me of the organ NOMIC DEVELOPMEN OS ANGELES COUN	NT CORPORATIO	N			mployer ident 5-3643339	tification number	
Ра				sed Funds or Other Similar s" on Form 990, Part IV, line 6		ccounts.		
	Comple		inization answered Te	(a) Donor advised funds	•	(b) Funds a	and other accounts	
1	Total number at e	end of year .						
2	Aggregate value	of contributior	ns to (during year)					
3	Aggregate value	of grants from	ı (during year)					
4	Aggregate value	at end of year	•••••					
5 6	organization's p Did the organiza	roperty, subjec ation inform al	ct to the organization's ex I grantees, donors, and do	rs in writing that the assets held in clusive legal control? onor advisors in writing that grant f	unds can be u	used only for	🗌 Yes 🗌 No	
	private benefit?			or donor advisor, or for any other		erring impermi	ssible	
Pa		vation Ease te if the orga		s" on Form 990, Part IV, line 7				
1				nization (check all that apply).				
	Preservation	on of land for p	public use (e.g., recreation	n or education) 🛛 🗍 Preserva	tion of an hist	orically import	ant land area	
	Protection	of natural hab	itat	Preserva	tion of a certi	fied historic str	ucture	
	Preservatio	on of open spa	ce					
2				qualified conservation contribution	in the form o	f a conservatio	n	
	easement on the						the End of the Year	
a								
b	-			· · · · · · · · · · · · · · · · · · ·				
c				c structure included in (a) in the structure included in (a)				
d	structure listed in				storic <b>2d</b>			
3	Number of conset tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or termi	nated by the	organization di	uring the	
4	Number of state	s where prope	erty subject to conservation	n easement is located				
5			written policy regarding the second sec	ne periodic monitoring, inspection,	handling of vi	olations,	Yes 🗌 No	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and en	forcing conse	rvation easem	ents during the year	
7	Amount of expenses \$	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	ng conservatio	on easements o	during the year	
8				above satisfy the requirements of			Yes 🗌 No	
9	balance sheet, a	and include, if		ervation easements in its revenue footnote to the organization's fina ts.				
Par				of Art, Historical Treasures s" on Form 990, Part IV, line 8		Similar Asse	ets.	
1a	If the organizati historical treasu	on elected, as res, or other s	permitted under FASB AS imilar assets held for pub	S off off 950, Part IV, file of G 958, not to report in its revenue lic exhibition, education, or researc ents that describes these items.	statement ar			
b	If the organizati	on elected, as res, or other s	permitted under FASB AS imilar assets held for pub	C 958, to report in its revenue stal lic exhibition, education, or researc	ement and ba h in furtherar	alance sheet w nce of public se	orks of art, rvice, provide the	
(						. ►\$		
2	If the organizati	on received or	held works of art, histori	cal treasures, or other similar asse ASC 958 relating to these items:			the	
а	Revenue include	ed on Form 99	0, Part VIII, line 1			►\$		
b								
For I	Paperwork Redu	iction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 522	83D Sched	ule D (Form 990) 2021	

Par	<ul> <li>3, 11:58 AM Econo</li> <li>t III Organizations Maintaining Co</li> <li>Complete if the organization ans</li> </ul>		Historical Tre	easures, o	5			
1a	If the organization elected, as permitted unc historical treasures, or other similar assets h Part XIII, the text of the footnote to its finar	der FASB ASC 958, n neld for public exhibit	ot to report in its ion, education, c	revenue sta or research in				
b	If the organization elected, as permitted und historical treasures, or other similar assets h following amounts relating to these items:							
(	i) Revenue included on Form 990, Part VIII, li	ne1				. ▶\$		
(i	i)Assets included in Form 990, Part X					►\$		
2	If the organization received or held works of				or financial	gain, prov	ide the	
	following amounts required to be reported u		5					
а	Revenue included on Form 990, Part VIII, lin							
b	Assets included in Form 990, Part X							
For F	Paperwork Reduction Act Notice, see the	Instructions for Fo	orm 990.	Ca	t. No. 522	83D <b>Sch</b>	edule D (l	Form 990) 2021
			Page 2					
			ruge z					
Sche	dule D (Form 990) 2021							Page <b>2</b>
Parl	III Organizations Maintaining Co	ollections of Art,	Historical Tre	easures, or	r Other S	Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records	s, check any of th	ne following t	hat are a s	significant	use of its co	ollection
а	Public exhibition		d 🗌 I	_oan or excha	ange progr	ams		
b	Scholarly research		e 🗌 (	Other				
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they furthe	r the organiz	ation's exe	empt purpo	ose in	
	Part XIII.			-				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t						🗌 Yes	🗆 No
	t IV Escrow and Custodial Arrange Complete if the organization ans line 21. Is the organization an agent, trustee, custod included on Form 990, Part X?	wered "Yes" on Fo	diary for contribu	utions or othe	er assets n	ot	Int on Form	m 990, Part X,
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing table:		1		mount	
c	Beginning balance	•	5		1c	-	inount	
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	5							
22	Did the organization include an amount on F				ccount lial	nility2		
2a h	Did the organization include an amount on F	Form 990, Part X, line	e 21, for escrow of	or custodial a		-	_	🗆 No
b	If "Yes," explain the arrangement in Part XII	Form 990, Part X, line	e 21, for escrow of	or custodial a		-	_	🗆 No
b	-	form 990, Part X, line I. Check here if the e	e 21, for escrow of explanation has b	or custodial a been provideo		-	_	□ No
b Pa	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans	form 990, Part X, line I. Check here if the e	e 21, for escrow of explanation has b	or custodial a been provided V, line 10.	d in Part X	ш		No
b Pa 1a	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b c	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b c d	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b c d e	If "Yes," explain the arrangement in Part XII <b>rt V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b c d e f	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	orm 990, Part X, line I. Check here if the e wered "Yes" on Fo	21, for escrow of explanation has b rm 990, Part I	or custodial a been provided V, line 10.	d in Part X	ш		
b Pa 1a b c d e f g	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	Form 990, Part X, line I. Check here if the o wered "Yes" on Fo (a) Current year	e 21, for escrow of explanation has been been been been been been been bee	v, line 10.	d in Part X	ш		
b Pa 1a b c d e f g 2	If "Yes," explain the arrangement in Part XII <b>t V Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr	Form 990, Part X, line I. Check here if the e wered "Yes" on Fo (a) Current year	e 21, for escrow of explanation has been been been been been been been bee	v, line 10.	d in Part X	ш		
b Pa 1a b c d e f g	If "Yes," explain the arrangement in Part XII <b>rt V</b> Endowment Funds. Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment <b>b</b>	Form 990, Part X, line I. Check here if the e wered "Yes" on Fo (a) Current year	e 21, for escrow of explanation has been been been been been been been bee	v, line 10.	d in Part X	ш		
b Pa 1a b c d e f g 2 a b	If "Yes," explain the arrangement in Part XII <b>TV Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment	Form 990, Part X, line I. Check here if the e wered "Yes" on Fo (a) Current year	e 21, for escrow of explanation has been been been been been been been bee	v, line 10.	d in Part X	ш		
b Pa 1a b c d e f g 2 a	If "Yes," explain the arrangement in Part XII <b>rt V</b> Endowment Funds. Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment <b>b</b>	Form 990, Part X, line I. Check here if the e wered "Yes" on Fo (a) Current year (a) Current year current year end balance	e 21, for escrow of explanation has been been been been been been been bee	v, line 10.	d in Part X	ш		
b Pa 1a b c d e f g 2 a b	If "Yes," explain the arrangement in Part XII <b>TV Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	Form 990, Part X, line I. Check here if the o wered "Yes" on Fo (a) Current year (a) Current year rent year end balanc	e 21, for escrow of explanation has been been been been been been been bee	n (a)) held a	d in Part X	( <b>d</b> ) Three ye		) Four years back
b Pa 1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XII <b>TV Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possed organization by:	Form 990, Part X, line I. Check here if the e wered "Yes" on Fo (a) Current year (a) Current year current year end balance uld equal 100%. ession of the organize	e 21, for escrow of explanation has been been been been been been been bee	n (a)) held a	d in Part X	( <b>d</b> ) Three ye	ars back (e	) Four years back
b Pa 1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XII <b>TV</b> Endowment Funds. Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses Provide the estimated percentage of the curr Board designated or quasi-endowment ▶ Term endowment ▶ Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations	Form 990, Part X, line I. Check here if the o wered "Yes" on Fo (a) Current year (a) Current year (a) Current year (b) Current year (c) Curren	e 21, for escrow of explanation has been service of the service of	n (a)) held a	d in Part X	( <b>d</b> ) Three ye	ars back (e	) Four years back
b Pa 1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XII <b>TV Endowment Funds.</b> Complete if the organization ans Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possed organization by:	Form 990, Part X, line I. Check here if the o wered "Yes" on Fo (a) Current year (a) Current year (a) Current year (b) Current year (c) Curren	e 21, for escrow of explanation has been service of the service of	or custodial a peen provided V, line 10. (c) Two y (c) T	d in Part X	( <b>d</b> ) Three ye	ars back (e	) Four years back

https://projects.propublica.org/nonprofits/organizations/953643339/202310799349300481/full

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	es								
1 5									
g End of year balance .									
2 Provide the estimated perce	ntage of the curre	nt year end	balanc	e (line 1g, column (	a)) held as:				
a Board designated or quasi-e	ndowment 🕨								
b Permanent endowment									
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
		•		ation that are held :	and administered	for the			
organization by:			, ga					Yes	No
.,			•••				3a(i)		
								+	
	-		•				55		
			' on Fo	orm 990 Part I\/	line 11a See Fr	orm 990 Part	X line 1(	 າ	
Description of property	(a) Cost or oth	er basis							
<b>1a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements				370,96	7	324,367			46,600
<b>d</b> Equipment				582,22	9	525,622			56,607
<b>e</b> Other									
Total. Add lines 1a through 1e. (C	Column (d) must e	qual Form 9	990, Pai	rt X, column (B), lin	e 10(c).)	•			
				Page 3 ———					
. ,									Page <b>3</b>
			' on Fo	orm 990. Part IV.	line 11b.See Fo	rm 990, Part	X. line 12		
(a) Description of	security or catego			(b) Book value		(c) Method of	valuation:		
	Permanent undownemt      Term endownemt      Term endownendownemt      Term endownemt      Term endownemt      Term endo								
(2) Closely-held equity interests			: +						
(3) Other	TMENTC			6 324 00	0	F			
(B)	IMENTS			0,524,00	0	I			
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Column (b) must equal Form 99	0, Part X, col. (B) lin	e 12.)	*	6,324,00	0				
			' on Fo	mm 000 Dant IV	line 11e Coo Fr	rm 000 Dart	V line 15	,	
	-		on Fo	rm 990, Part IV,					
					(1) Doon Talac				alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6) (7)									
(7)						1			

Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 11c. See For	m 990, Part X	, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Par	t IV line 11d See For	m 000 Part V	line 15
	(a) Description		11 990, Tart X,	(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990, Par	t IV line 11e or 11f Se	e Form 990 P	art V line 25
•	(a) Description of liability	<u>t 10, ime 11e of 111.5e</u>		(b) Book value
	income taxes ANY PAYABLES			404
TERCOMP	ANT PATADLES			484

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	484,171
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	en provided in Part XIII 🛛 🗹

Schedule D (Form 990) 2021

efile Public Visua	Render ObjectId: 2023107	99349	300481 - Submission: 2023-(	03-20	TIN: 95	-3643	339
Schedule J	Compe	nsat	ion Information		OMB No.	OMB No. 1545-0047	
(Form 990) Department of the Treasury	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			, line 23.	2021 Open to Public		
nternal Revenue Service						Inspection	
Name of the organiza ECONOMIC DEVELOPME				Employer identi	fication n	umber	
OF LOS ANGELES COUN	TY			95-3643339			
Part I Questi	ons Regarding Compensation						
						Yes	No
	ppiate box(es) if the organization provide ection A, line 1a. Complete Part III to pro						
First-class	or charter travel		Housing allowance or residence for	personal use			
Travel for	companions		Payments for business use of perso	nal residence			
Tax idemr	ification and gross-up payments		Health or social club dues or initiati	on fees			
Discretion	ary spending account		Personal services (e.g., maid, chau	ffeur, chef)			

efile Public Visua	Render	ObjectId: 2023	10799349	300481 - Submiss	sion: 2023-03-20	TI	N: 95	-3643	339				
Schedule J		Con	npensati	ion Informati	on	O	OMB No. 1545-004						
(Form 990)	F	or certain Officers,	Directors, T	rustees, Key Emplo	yees, and Highest		0004						
	► Cor	nplete if the organ		ated Employees vered "Yes" on Form	990, Part IV, line 23	3.	20	<b>JZ</b> 1					
Department of the Treasury	► G	o to www.irs.gov/		to Form 990.	e latest information.	(	Open	to Pu	blic				
nternal Revenue Service		5 to <u>mmm.s.gov</u> /	101	instructions and the			Insp	oectio	n				
Name of the organiza ECONOMIC DEVELOPMEN	tion IT CORPORATIO	N			Emplo	yer identifica	tion nu	umber					
OF LOS ANGELES COUNT	Y				95-364	3339							
Part I Questio	ns Regardi	ing Compensatio	n										
<b>1a</b> Check the approx	niate hov(es)	if the organization or	ovided any of	the following to or fo	r a person listed on For	'm		Yes	No				
990, Part VII, Se	ction A, line 1	a. Complete Part III	to provide an	y relevant information	regarding these items	•							
First-class	or charter tra	vel		Housing allowance or	r residence for persona	l use							
Travel for of	companions			Payments for busines	ss use of personal resid	lence							
Tax idemni	fication and g	ross-up payments		Health or social club	dues or initiation fees								
Discretional	ary spending a	account		Personal services (e.	g., maid, chauffeur, ch	ef)							
<b>b</b> If any of the box	es on Line 1a	are checked, did the	organization	follow a written policy	regarding payment or								
reimbursement o	r provision of	all of the expenses of	described abo	ve? If "No," complete	Part III to explain .		1b						
				or allowing expenses i r, regarding the items	ncurred by all checked on Line 1a? .		2						
				d to establish the com ot check any boxes fo									
used by a related	d organization	to establish compen	sation of the	CEO/Executive Directo	or, but explain in Part II	Ι.							
Compensa	tion committe			Written employment	contract								
		ion consultant		Compensation survey									
	of other organ				d or compensation con	nmittee							
4 During the year	-	- listed E 000											
related organizat		II listed on Point 990	, Part VII, Sec	LUOITA, IIIle 1a, WILLI I	espect to the filing orga								
a Receive a severa	nce payment	or change-of-control	payment? .				4a		No				
		-		ified retirement plan?			4b		No				
c Participate in, or	receive paym	ent from, an equity-	based comper	nsation arrangement?			4c		No				
If "Yes" to any of	lines 4a-c, lis	st the persons and pr	ovide the app	licable amounts for ea	ach item in Part III.								
	E01(c)(4)	and $E01(c)(20)$ or	anizations	must complete lines	- E_0								
				the organization pay o									
compensation co			, ,		,								
a The organization	?						5a		No				
b Any related orga							5b		No				
If "Yes," on line !	5a or 5b, desc	ribe in Part III.											
		D, Part VII, Section A ne net earnings of:	, line 1a, did I	the organization pay o	or accrue any								
a The organization	?						6a		No				
<b>b</b> Any related orga							6b		No				
If "Yes," on line 6													
7 For persons lister payments not de	d on Form 990 scribed in line	), Part VII, Section A s 5 and 6? If "Yes," o	, line 1a, did 1 describe in Pa	the organization provi rt III .	de any nonfixed		7		No				
subject to the ini	tial contract e		n Regulations	red pursuant to a cont section 53.4958-4(a)(			8		No				
					re described in Regulat		8						
For Paperwork Redu					Cat. No. 50053T	Schedule J	-		202				

Page 2

Schedule J (Form 990) 2021 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of columns (B)(i)-(D) and/or 1099-NEC and other benefits column (B) reported as deferred (i) Base (iii) Other (ii) compensation Bonus & incentive reportable compensation deferred on prior Form 990 compensation 1 WILLIAM C ALLEN PRESIDENT/CEO 378,660 (i) 100,000 17,250 18,917 515,078 251 0 - - - - - - --- - - -- - -- - -- - - -- - - -0 (ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -0 0 0 0 0 0 2 STEPHEN CHEUNG EXECUTIVE VICE PRES./COO 277,561 (i) 25,000 251 17,250 22,275 342,337 0 - - - - ------ -- - -0 (ii) - - - -- - - -- - - -- - - - -- - - -0 0 0 0 0 0 3 SUSAN STEL EXECUTIVE VICE PRES./CFO 190,000 341,934 0 100.000 25,141 16,650 (i) 10,143 -- -0 - - - -(ii) ------------0 0 -0 4 JESSICA KU KIM VP WORKFORCE & BUS. DEVELOPMENT 174,709 9,654 (i) 12,500 251 4,057 201,171 0 ----- -- - -----(ii) - - -- - -0 - - - - -- - - - - -- - - -0 0 0 0 -0

			and other	benefits	columns	Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 WILLIAM C ALLEN PRESIDENT/CEO	(i)	378,660	100,000	251	17,250	18,917	515,078	0
	(ii)	0	0	0	0	0	 - 0	0
2 STEPHEN CHEUNG EXECUTIVE VICE PRES./COO	(i)	277,561	25,000	251	17,250	22,275	342,337	0
	(ii)	0	0	0	0	0	 0	0
3 SUSAN STEL EXECUTIVE VICE PRES./CFO	(i)	190,000	100,000	25,141	16,650	10,143	341,934	0
	(ii)	0	0	0	0	0	 - 0	0
4 JESSICA KU KIM VP WORKFORCE & BUS. DEVELOPMENT	(i)	174,709	12,500	251	9,654	4,057	201,171	0
	(ii)	0	0	0	0	0	 - 0	0
5 SHANNON SEDGWICK DIR. INSTITUTE FOR APPLIED ECONOMIC	(i)	149,363	6,000	251	6,683	0	162,297	0
	(ii)	0	0	0	0	0	 0	0
						5	Schedule J (Fe	orm 990) 2021

- Page 3 -

Schedule J (Form 990) 2021	Page <b>3</b>
Part III Supplemental Inform	ation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	Schedule J (Form 990) 2021

Additional Data

**Return to Form** 

Software ID: Software Version:

efile Public Visua	Render	ObjectId: 20	2310799349300481 - Submission: 2023-0	3-20	TIN: 95-36	43339			
Schedule L		Transa	ctions with Interested Persons		OMB No. 154	5-0047			
(Form 990)	25a, 25b, 26,	<b>202</b>	1						
Department of the Treasury nternal Revenue Service	Open to Publ Inspection								
Name of the organiza ECONOMIC DEVELOPMEN			Employer identification number						
OF LOS ANGELES COUNT		IN		95-3643339					
			on 501(c)(3), section 501(c)(4), and section 501(c)(2 s" on Form 990, Part IV, line 25a or 25b, or Form 990						
<b>1 (a)</b> Nan	ne of disquali	fied person	(b) Relationship between disqualified person and	(c) Description	of <b>(d)</b> Co	rrected?			
			organization	transaction	Yes	No			

efile Public Vis	ual Rende	er	ObjectIo	d: 2023	3107	7993493004	3-03·	-20		T	TIN: 95-3643339						
Schedule L			Trar	nsact	tior	ns with li	ntereste	d Per	sor	IS			0	OMB No. 1545-0047			
(Form 990)			27, 28a	i, 28b, d ▶ A	or 28 Attac	nswered "Yes c, or Form 99 h to Form 99	90-EZ, Part V 0 or Form 99	, line 38a 0-EZ.	a or 4	40b.					)2		
Department of the Treasury Internal Revenue Service		►G	io to <u>www.</u>	<u>irs.gov/</u>	/Form	<u>n990</u> for inst	ructions and	the late	st inf	forma	tion.	•	0	)pen Ins	to P pecti		
Name of the organ ECONOMIC DEVELOP OF LOS ANGELES CO	MENT CORPOR	RATIO	N								-	<b>yer ide</b> 3339	entifica	ition i	numb	er	
						c)(3), section											
	te if the orga Name of disc					orm 990, Part Relationship be					(c) [	<u>rt V, Iin</u> Descript ansacti	ion of	· ·	I) Cor 'es	rected? <b>No</b>	
<ol> <li>2 Enter the among 4958.</li> <li>3 Enter the among 600 and 6000 and 600 and 600 and 600 and 600 and 6000 and 600 and 600 and</li></ol>									g the	year u	under		n \$ \$				
			rom Inte			<b>sons.</b> Form 990-EZ,	. Part V. line 3	8a. or For	-m 99	0. Par	t IV.	line 26:	: or if t	he ora	anizat	ion	
repor	ted an amou	unt or	n Form 990,	Part X,	line 5	, 6, or 22	(e) Original			-	) In		h)	_	i) Wri		
	Name of (b) Relationship (c) Purpose (d) sted person with organization of loan				orgar	nization?	principal amount	due		defa	ult?	Appro boar comm	ved by rd or hittee?	a	greem	ent?	
				То	)	From				Yes	No	Yes	No	Yes		No	
Total							▶ \$										
						ested Perso es" on Form 9		line 27.									
(a) Name of interes	sted person		Relationshi ( erested pers organiza	on and t		(c) Amount	of assistance	(d)	Туре о	of assi	stanc	ce	<b>(e)</b> Pu	rpose	of ass	istance	
For Paperwork Reduc	ction Act Not	ice, s	ee the Instru	uctions fo	or For	m 990 or 990-l	<b>EZ.</b> Ca	at. No. 500	56A				Schedu	ıle L (F	orm 9	90) 2021	
Schedule L (Form 99	90) 2021					Page	e 2 ———									Page 2	
				-		ested Perso		line 282	201	n or	78c						
be					Relat een ir son a	ionship iterested ind the	(c) Amour transaction	nt of				ion of ti	ransact	ion	orgar	Sharing of ization's	
			or	yanız	ation									reve Yes	enues? No		
(1) ACT-1				>35% O DIRECTC		D BY		168,857	57 SERVICES LAEDC PU TEMPORARY PERSON SERVICES FROM AC' A 35% OR > OWNEE BRETT HOWROYD, A MEMBER. THE SERVI PURCHASED AT PRE' MARKET RATES.			RSONN M ACT 1 WNED E (D, A B SERVICE PREVA	EL I, WHIO ENTITY OARD ES WEF	CH IS OF		No	
(2) ICG ADVISORS	LLC			>35% O DIRECTO		D BY	79,379 SERVIC PORTEC			ERVICES INVESTMENT DRTFOLIO MANAGEMENT ERVICES ARE PROVIDED				ICG		No	

	<b>nvolving Interested Per</b> on answered "Yes" on Form		, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	haring of zation's nues?
				Yes	No
(1) ACT-1	>35% OWNED BY DIRECTOR		SERVICES LAEDC PURCHASED TEMPORARY PERSONNEL SERVICES FROM ACT 1, WHICH IS A 35% OR > OWNED ENTITY OF BRETT HOWROYD, A BOARD MEMBER. THE SERVICES WERE PURCHASED AT PREVAILING MARKET RATES.		No
(2) ICG ADVISORS LLC	>35% OWNED BY DIRECTOR		SERVICES INVESTMENT PORTFOLIO MANAGEMENT SERVICES ARE PROVIDED BY ICG ADVISORS, LLC, WHICH IS A 35% OR > OWNED ENTITY OF A BOARD DIRECTOR, JEFF ASSAF. THE SERVICES WERE PURCHASED AT		No

efile Public \	TIN: 95-3643339									
SCHEDUL (Form 990) Department of the Trea Internal Revenue Service	OMB No. 1545-0047									
Name of the orga ECONOMIC DEVELO OF LOS ANGELES C	fication number									
Return Reference	n Explanation									
PART VI,	THE LAEDC'S OUTSIDE AUDITORS AND FINANCE STAFF PREPARE THE FORM 990. THE FORM IS SUBMITTED FOR REVIEW TO THE GOVERNANCE COMMITTEE AND AUDIT COMMITTEE. THE FORM AND ALL SCHEDULES ARE THEN PROVIDED TO THE FULL BOARD BEFORE E-FILING WITH THE IRS.									

efile Public	Visual	Render	ObjectId: 202310799349300481 - Submission: 2023-	03-20	TIN: 95-3643339
SCHEDUL (Form 990) Department of the Trea Internal Revenue Servi	asury		990-EZ ions on on.	OMB No. 1545-0047 <b>2021</b> Open to Public Inspection	
Name of the org ECONOMIC DEVELO OF LOS ANGELES O	OPMENT C			<b>Employer identi</b> 95-3643339	fication number
Return Reference			Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	REVIE\	W TO THE G	SIDE AUDITORS AND FINANCE STAFF PREPARE THE FORM 990 OVERNANCE COMMITTEE AND AUDIT COMMITTEE. THE FORM E FULL BOARD BEFORE E-FILING WITH THE IRS.		
FORM 990, PART VI, SECTION B, LINE 12C	NOT HA RESPC REQUI OUTSII OR(C) POTEN AFFIRM	AVE UNDIS DNSIBILITIE RES DISCL DE ENTITY PROVIDED ITIAL CONF MING (A) RE	LOPMENT CORPORATION REQUIRES THAT BOARD MEMBERS, O CLOSED FINANCIAL INTERESTS THAT CONFLICT OR APPEAR TO S WITH ECONOMIC DEVELOPMENT CORPORATION. ECONOMIC OSURE OF ALL SOURCES OF INCOME FROM COMPENSATION O THAT (A) SOLD, SUPPLIED OR PROVIDED SERVICES, (B) OPERA GOODS OR SERVICES TO EDC IN THE LAST SIX MONTHS. EDC'S LICTS OF INTEREST. EDC ALSO REQUIRES ALL DIRECTORS TO CEIPT OF EDC'S CONFLICT OF INTEREST POLICY, (B) UNDERST H THE POLICY	CONFLICT WITH DEVELOPMENT C R FROM OWNERS TED A COMPETIN S CFO EVALUATES ANNUALLY SIGN A	THEIR CORPORATION SHIP OF EVERY G ENTERPRISE, S THE FORMS FOR A STATEMENT
FORM 990, PART VI, SECTION B, LINE 15	OF THE DETER WITHIN EXECU ARRAN DELIBE COMPE DOCUM APPRO DESCE	E CHIEF EX RMINE IT IS N APPROPR JTIVE OFFIC NGEMENT IN ERATION AN ENSATION F MENTATION DVAL, THE M	DN'S BOARD OF DIRECTORS HAS A PROCESS FOR REVIEWING ECUTIVE OFFICER AND OTHER OFFICERS AND KEY EMPLOYEE FAIR AND REASONABLE WITH THE GOAL OF RETAINING EMPLO IATE MARKET RANGE. THE PROCESS FOR DETERMINING THE O CER AND OTHER OFFICERS AND KEY EMPLOYEES INCLUDES TH NADVANCE, WITH ALL PERSONS WITH A CONFLICT OF INTERES ID DISCUSSION OF THE TRANSACTION. THE BOARD OF DIRECT FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIVES AT SIMILAR IN THE BOARD MINUTES INCLUDES THE TERMS OF THE TRANSI ID THE BOARD MINUTES INCLUDES THE TERMS OF THE TRANSI IEMBERS WHO WERE PRESENT DURING THE DEBATE AND VOT THE COMPARABLE DATA AND HOW IT WAS OBTAINED, AND DOC	S ON A REGULAR YEES AT COMPENSATION F COMPENSATION F TE APPROVAL OF T ABSTAINING FR ORS REVIEWS D/ RLY SITUATED EN SACTION AND THE TE ON THE TRANS	BASIS TO ISATION LEVELS AID TO THE CHIEF THE COMPENSATION OM THE ATA OF COMPARABLE TITIES. THE E DATE OF ACTION, A
FORM 990, PART VI, SECTION C,	SOME	OR ALL THE	ESE ITEMS MAYBE AVAILABLE UPON REQUEST.		

efile Public Visual Rende	r ObjectId: 20231079934930048:	1 - Submission: 2023-	03-20				TIN: 95-3643339					
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships       OMB No. 1545-0047         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.       2021         Attach to Form 990.       For to www.irs.gov/Form990         For to www.irs.gov/Form990       For instructions and the latest information.											
Name of the organization       Employer identification number         ECONOMIC DEVELOPMENT CORPORATION       95-3643339         Part I       Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
Name, address, and EIN (	(a) if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	Di	(f) irect controlling entity					
(1) PARTNERSHIP LA LLC 444 SOUTH FLOWER ST 37TH FLOOD LOS ANGELES, CA 90071	2	TO FURTHER LAEDC'S MISSION - RAISING CAPITAL NEEDED TO FUND THE ORGANIZATION	CA	0	0	ECONOMIC DI LOS ANGLES	EVELOPMENT CORP OF					

efile Public Visual Rende	r ObjectId: 202310799	3493004	81 - Subm	ission: 202	23-03-20						-	FIN: 95		
SCHEDULE R (Form 990)	► Complete if	the organi	ization answ	vered "Yes" Attach to Fo	on Form 990, I orm 990. Instructions and	Part IV, I	line 33, 34,	35b, 36,	or 37.			<b>20</b>	21	
Department of the Treasury Internal Revenue Service Name of the organization									nnlover id	entificatio	n numbe	Inspe	ction	
ECONOMIC DEVELOPMENT CORPORA OF LOS ANGELES COUNTY	TION								5-3643339	entincatio	in munitie			
Part I Identification	of Disregarded Entities. Co	mplete if t	the organiz	ation answe	red "Yes" on F	orm 990	), Part IV, li	ne 33.						
Name, address, and EIN (	(a) if applicable) of disregarded entity		Prim	(b) ary activity	(c) Legal domicil or foreign co	(c) (d) Legal domicile (state or foreign country)		e End-o	(e) f-year assets		(f) Direct controlling entity			
(1) PARTNERSHIP LA LLC 444 SOUTH FLOWER ST 37TH FLOOF LOS ANGELES, CA 90071	2		TO FURTHE MISSION - NEEDED TO ORGANIZA	RAISING CAPIT	CA			0	(	D ECONOMIC LOS ANGLE		MENT COF	P OF	_
														-
														-
	of Related Tax-Exempt Organizations during the ta		s. Complete	e if the orga	nization answe	ered "Yes	s" on Form	990, Par	t IV, line 3	4 because	it had o	one or r	nore	-
Name, address, and E		<b>(b)</b> Primary a	ctivity	(c) Legal domicile (st or foreign countr		<b>(d)</b> npt Code secti		(e) charity statu tion 501(c)(3				(g) Section 512(b)(13) controlled entity? Yes No		
(1)CALIFORNIA INDUSTRY EDUCATI 444 SOUTH FLOWER STREET 37TH F LOS ANGELES, CA 90071	T 37TH FLOOR W			OGRAMS GES TO WTH OF	CA 501(C)(3) L1		LINE 7	CORPOR		ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY		Yes		
444 SOUTH FLOWER STREET 37TH F LOS ANGELES, CA 90071	WER STREET 37TH FLOOR			NS OF ASSISTING PUBLIC	CA	501(	C)(3)	LINE 7		CORPOR	ECONOMIC DEVELOPMENT CORPORATION OF LOS ANGELES COUNTY		Yes	
95-4482158 (3)WORLD TRADE CENTER ASSOCIA 444 SOUTH FLOWER STREET 37TH F LOS ANGELES, CA 90071 33-0190964		TR	ROMOTE INTERI RADE AND FORE VESTMENT		CA	501(	C)(3)	LINE 7		CORPOR	IC DEVELO ATION OF I COUNTY		Yes	
For Paperwork Reduction Act	t Notice, see the Instructions f	or Form 99	90.		Cat. No. 5	50135Y				Sch	edule R	(Form 9	90) 20	21
Schedule R (Form 990) 2021		— Page	2										Page	e <b>2</b>
	f Related Organizations Ta ted organizations treated as a				ete if the orga	nization	answered	"Yes" on	Form 990,	, Part IV, li	ne 34, t	ecause	it had	
Name, addre	one or more related organizations treated as a partne (a) (b) Name, address, and EIN of related organization activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>i)</b> rral or aging ner?	(H Percer owne	ntage
								Yes	No		Yes	No		
Deat IV Identification	t IV Identification of Polated Organizations Taxable			l	et Constato	fthe			"Vee"	Earm 000	Davit D'	line 21		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

/25/23, 11:58 AM	Economic De	velopment Corporatio	on Of Los Ange	eles - Full F	iling- Nonp	rofit Explo	orer - ProPublic	a		
(a) Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(†) Share of total income	(g) Share of end of-year assets	- Percentage ownership		(I) n 512(b olled en	itity?
		country)		or trust)				Yes	_	No
								<u> </u>		
				-				───	_	
									-	
							Schedule R	(Form 9	90) 2	021
	Pag	e 3 ———								
chedule R (Form 990) 2021									Pa	ge <b>3</b>
Part V Transactions With Related C	Pragnizations Complet	e if the organization and	wered "Vec" on	Form 000 P	art IV line 3/	35h or 3	6		10	900
		-	wereu ies on	F01111 990, F6	art IV, inte 5-	, 330, 01 3	0.	——	Yes	No
<b>Note.</b> Complete line 1 if any entity is liste			are related erappi	ationa listed i	n Davta II IV/2				165	NU
<ol> <li>During the tax year, did the orgranization en</li> <li>a Receipt of (i) interest, (ii)annuities, (iii)</li> </ol>			ore related organi.		II Parts II-IV?			1a		No
<ul> <li>b Gift, grant, or capital contribution to relat</li> </ul>		a controlled entity							Yes	NO
c Gift, grant, or capital contribution from re								1c		No
d Loans or loan guarantees to or for related								1d		No
<ul> <li>Loans or loan guarantees by related organ</li> </ul>								1e		No
f Dividends from related organization(s) .								1f		No
g Sale of assets to related organization(s)								1g		No
h Purchase of assets from related organizat	tion(s)							1h		No
i Exchange of assets with related organizati	ion(s)							<b>1</b> i		No
j Lease of facilities, equipment, or other as	sets to related organization	s)						1j		No
k Lease of facilities, equipment, or other as	sets from related organizat	on(s)						1k		No
I Performance of services or membership or	r fundraising solicitations fo	r related organization(s) .						11		No
m Performance of services or membership or	r fundraising solicitations by	related organization(s) .					•	1m		No
n Sharing of facilities, equipment, mailing lis	sts, or other assets with rela	ted organization(s) .						1n		No
• Sharing of paid employees with related or	rganization(s)							10	Yes	
p Reimbursement paid to related organizati								1p		No
<b>q</b> Reimbursement paid by related organizat	ion(s) for expenses							1q		No
								1r		No
<ul><li>r Other transfer of cash or property to relat</li><li>s Other transfer of cash or property from re</li></ul>								11 1s		No
2 If the answer to any of the above is "Yes,"			lete this line incl	uding covered	relationshins a	nd transactio	n thresholds			
2 If the unswer to driv of the upove is res,	(a)				(c)		(d)			
Name o	of related organization			(b) Transaction type (a-s)	Amount invo	ved	Method of determining	) amount in	volved	
1)WORLD TRADE CENTER ASSOCIATION LOS ANGELES	S-LONG BEACH		В	cype (a s)	170,000	воок				
2)WORLD TRADE CENTER ASSOCIATION LOS ANGELES	S-LONG BEACH		0		167,698	COST				
			Ŭ		107,050					
			İ							
					1					
							Schedule R	(Form 9	90) 2	021
	Pag	e 4								
chedule R (Form 990) 2021									Pa	ge <b>4</b>
Part VI Unrelated Organizations Ta	axable as a Partnersh	<b>ip.</b> Complete if the organ	lization answere	d "Yes" on F	orm 990 Par	t IV, line 3'	7.			
		.F. complete il tile olyal				c ry nine J.				

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501 organi	(e) Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3)		(g) Share of end-of-year assets	Disproprtionate				) ral or iging her?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
						1									

Page 5										Sch	edule R (	Form 9	90) 2021	
													Page <b>5</b>	
Part VII Supplemental Information														
	Provide additional information for responses to questions on Schedule R. See instructions.													
Return Reference					E	planation					Schodu	o P (Form	n 990) 2021	
Schedule R (Form 990) 2021														
Additional Data									Return to Form					

Software ID: Software Version: