

110769 2011
 OMB No. 1545-0047
2011
 Open to Public Inspection

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
 Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning and ending

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

C Name of organization
 LOS ANGELES POLICE FOUNDATION
 Doing Business As

D Employer identification number
 95-4700442

E Telephone number
 (213) 489-4636

F Name and address of principal officer: CECILIA GLASSMAN
 515 S. FLOWER ST., STE 1680, LOS ANGELES, CA

G Gross receipts \$ 2,746,191.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW.LAPOLICEFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1998 **M State of legal domicile:** CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE RESOURCES AND PROGRAMS THAT HELP THE LAPD AND TO ENHANCE LAPD-COMMUNITY RELATIONS.					
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3	Number of voting members of the governing body (Part VI, line 1a)	3				
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4				
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5				
	6	Total number of volunteers (estimate if necessary)	6				
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	3,065,584.	Current Year	2,055,473.	
	9	Program service revenue (Part VIII, line 2g)		0.		0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,231.		2,110.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,269.		-1,887.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,075,084.		2,055,696.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,177,704.		1,107,387.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		701,264.		534,165.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.	
		b	Total fundraising expenses (Part IX, column (D), line 25)		303,113.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,377.		658,317.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,151,345.		2,299,869.	
	19	Revenue less expenses. Subtract line 18 from line 12		923,739.		-244,173.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	2,461,945.	End of Year	2,123,622.	
	21	Total liabilities (Part X, line 26)		816,208.		721,430.	
	22	Net assets or fund balances. Subtract line 21 from line 20		1,645,737.		1,402,192.	

Part II Signature Block

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

Sign Here
 Signature of officer: *Cecilia Glassman* Date: 11.14.2012
 CECILIA GLASSMAN, EXECUTIVE DIR.
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: PATRIZIA C. COPPING
 Preparer's signature: *Patrizia Copping* Date: NOV 14 2012
 Check if self-employed: PTIN: P00200096
 Firm's name: GREEN HASSON & JANKS LLP Firm's EIN: 95-1777440
 Firm's address: 10990 WILSHIRE BLVD., 16TH FLOOR
 LOS ANGELES, CA 90024-3929 Phone no. (310) 873-1600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DEDICATED TO PREVENTING CRIME, SAVING LIVES AND MAKING OUR COMMUNITY A BETTER AND SAFER PLACE TO LIVE AND WORK BY ASSISTING THE LOS ANGELES POLICE DEPARTMENT WITH RESOURCES NOT OTHERWISE AVAILABLE FROM THE CITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,608,672. including grants of \$ 1,107,387.) (Revenue \$) THE LOS ANGELES POLICE FOUNDATION IS THE MAJOR SOURCE OF PRIVATE FINANCIAL SUPPORT FOR THE LOS ANGELES POLICE DEPARTMENT (LAPD). WITH 96% OF THE LAPD'S BUDGET SPENT ON PERSONNEL, THERE IS LITTLE LEFT FOR MAJOR PROJECTS THAT WILL ENHANCE EFFICIENCY AND MODERNIZATION OF THE DEPARTMENT.

THE LOS ANGELES POLICE FOUNDATION HAS DONATED MORE THAN \$16 MILLION TO LAPD PROJECTS, PROGRAMS AND TRAINING THAT BENEFIT COMMUNITIES IN THE AREAS OF SPECIALIZED TRAINING, CRITICALLY NEEDED NEW EQUIPMENT AND TECHNOLOGY AS WELL AS COMMUNITY OUTREACH AND YOUTH PROGRAMS.

THE LOS ANGELES POLICE FOUNDATION PROVIDES FUNDS TO SUPPORT THE LOS

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

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

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

4e Total program service expenses 1,608,672.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (29); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CECILIA GLASSMAN - (213)489-4636
515 S. FLOWER STREET, STE 1680, LOS ANGELES, CA 90071

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WALLIS ANNEBERG BOARD MEMBER	0.50	X						0.	0.	0.
(2) BITA ARDALAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) MARGOT ARMBRUSTER BOARD MEMBER	1.00	X						0.	0.	0.
(4) MICHAEL J. BOSTIC BOARD MEMBER	0.50	X						0.	0.	0.
(5) FLORENCE CHUNG BOARD MEMBER	0.50	X						0.	0.	0.
(6) RUSS COLVIN BOARD MEMBER	1.00	X						0.	0.	0.
(7) LUIS CRUZ BOARD MEMBER	0.50	X						0.	0.	0.
(8) JEFFREY GLASSMAN, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(9) ROBERT N. GOODMAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) JACKIE HAND BOARD MEMBER	1.00	X						0.	0.	0.
(11) DEAN HANSELL BOARD MEMBER	0.50	X						0.	0.	0.
(12) CHRIS HOMEWOOD BOARD MEMBER	1.00	X						0.	0.	0.
(13) EDDIE KISLINGER BOARD MEMBER	1.00	X						0.	0.	0.
(14) STEVEN T. MUNCHIN BOARD MEMBER	0.50	X						0.	0.	0.
(15) JEFFREY P. NEU BOARD MEMBER	0.50	X						0.	0.	0.
(16) STEVE NISSEN BOARD MEMBER	1.00	X						0.	0.	0.
(17) HUGH K. O'DONNELL BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BYRON REED BOARD MEMBER	1.00	X						0.	0.	0.
(19) FRED C. SANDS BOARD MEMBER	0.50	X						0.	0.	0.
(20) LENNY SANDS BOARD MEMBER	1.00	X						0.	0.	0.
(21) BARRY G. SIMMONS BOARD MEMBER	0.50	X						0.	0.	0.
(22) STEFAN SONNENFELD BOARD MEMBER	0.50	X						0.	0.	0.
(23) MARK STEFANEK BOARD MEMBER	1.00	X						0.	0.	0.
(24) ROBERTA WEIBTRAUB BOARD MEMBER	0.50	X						0.	0.	0.
(25) JAMES A. WIATT BOARD MEMBER	2.00	X						0.	0.	0.
(26) CHARLIE WOO BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								147,950.	0.	10,324.
d Total (add lines 1b and 1c)								147,950.	0.	10,324.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ICONIC EVENT STUDIOS, 1861 SUNSET PLAZA DRIVE, LOS ANGELES, CA 90069	FUNDRAISING EVENT PLANNING	326,562.
WOLFGANG PUCK CATERING, 6801 HOLLYWOOD BLVD., SUITE 513, HOLLYWOOD, CA 90028	EVENT CATERING	160,008.
AFJ CONSULTING GROUP, 5455 WILSHIRE BLVD. #2020, LOS ANGELES, CA 90036	ACCOUNTING	111,996.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LLOYD GREIF CHAIRMAN	2.00	X		X				0.	0.	0.
(28) ROB KAUTZ VICE CHAIR	2.00	X		X				0.	0.	0.
(29) MICHAEL MEYER SECRETARY	2.00	X		X				0.	0.	0.
(30) CINDY MISCIKOWSKI IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(31) CECILIA GLASSMAN EXECUTIVE DIRECTOR	40.00	X		X				147,950.	0.	10,324.
Total to Part VII, Section A, line 1c								147,950.		10,324.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	10,000.					
	c Fundraising events	1c	1,335,414.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	710,059.					
	g Noncash contributions included in lines 1a-1f: \$		154,592.					
	h Total. Add lines 1a-1f			2,055,473.				
	Program Service Revenue	2 a	Business Code					
		b						
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			2,110.			2,110.
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,335,414. of contributions reported on line 1c). See Part IV, line 18	a		667,549.				
		b Less: direct expenses	b	670,039.				
		c Net income or (loss) from fundraising events			-2,490.			-2,490.
	9 a Gross income from gaming activities. See Part IV, line 19	a		20,707.				
		b Less: direct expenses	b	18,217.				
		c Net income or (loss) from gaming activities			2,490.			2,490.
	10 a Gross sales of inventory, less returns and allowances	a		620.				
b Less: cost of goods sold		b	2,239.					
c Net income or (loss) from sales of inventory				-1,619.			-1,619.	
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS LOSS		900099		-268.			-268.	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				-268.				
12 Total revenue. See instructions.				2,055,696.	0.	0.	223.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,095,787.	1,095,787.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	11,600.	11,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	147,950.	26,913.	55,796.	65,241.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	300,327.	54,629.	113,263.	132,435.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	6,800.	1,330.	2,512.	2,958.
9 Other employee benefits	46,069.	9,008.	17,020.	20,041.
10 Payroll taxes	33,019.	6,006.	12,453.	14,560.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	132,121.		132,121.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	102.		102.	
12 Advertising and promotion				
13 Office expenses	36,849.	3,955.	19,201.	13,693.
14 Information technology				
15 Royalties				
16 Occupancy	12,000.	2,374.	4,444.	5,182.
17 Travel	6,822.	1,243.	2,565.	3,014.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,554.	155.	777.	622.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,752.	2,127.	3,982.	4,643.
23 Insurance	12,235.	2,421.	4,531.	5,283.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	380,726.	380,726.		
b REPAIRS AND MAINTENANCE	18,247.	3,611.	6,757.	7,879.
c EQUIPMENT RENTALS	15,849.	3,136.	5,869.	6,844.
d PUBLIC RELATIONS	11,024.			11,024.
e All other expenses	20,036.	3,651.	6,691.	9,694.
25 Total functional expenses. Add lines 1 through 24e	2,299,869.	1,608,672.	388,084.	303,113.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	161,401.	1	563,584.
	2 Savings and temporary cash investments	941,960.	2	829,018.
	3 Pledges and grants receivable, net	1,326,241.	3	678,021.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,239.	8	29,575.
	9 Prepaid expenses and deferred charges	13,703.	9	11,311.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,889.		
	b Less: accumulated depreciation	10b 60,776.	16,401.	10c 12,113.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,461,945.	16	2,123,622.
Liabilities	17 Accounts payable and accrued expenses	20,032.	17	63,920.
	18 Grants payable	796,176.	18	657,510.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		816,208.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-232,418.	27	408,450.
	28 Temporarily restricted net assets	1,878,155.	28	993,742.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,645,737.	33	1,402,192.	
34 Total liabilities and net assets/fund balances	2,461,945.	34	2,123,622.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,055,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,299,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	-244,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,645,737.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	628.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,402,192.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 columns: Question, Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row.

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2261105.	3431936.	3266589.	3065584.	2055473.	14080687.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2261105.	3431936.	3266589.	3065584.	2055473.	14080687.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2738773.
6 Public support. Subtract line 5 from line 4.						11341914.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2261105.	3431936.	3266589.	3065584.	2055473.	14080687.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,759.	33,095.	31,729.	5,681.	2,110.	138,374.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						14219061.
12 Gross receipts from related activities, etc. (see instructions)					12	3,025,227.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	79.77 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	72.81 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number
95-4700442

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,889.	60,776.	12,113.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 12,113.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2 through 11.

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

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,055,696.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,299,869.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-244,173.
4	Net unrealized gains (losses) on investments	4	628.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	628.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-243,545.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,191,584.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	628.
b	Donated services and use of facilities	2b	135,260.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	135,888.
3	Subtract line 2e from line 1	3	2,055,696.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,055,696.

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

1	Total expenses and losses per audited financial statements	1	2,435,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	135,260.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	135,260.
3	Subtract line 2e from line 1	3	2,299,869.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,299,869.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TRUE BLUE GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	2,002,963.			2,002,963.
	2	Less: Charitable contributions	1,335,414.			1,335,414.
	3	Gross income (line 1 minus line 2)	667,549.			667,549.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	170,151.			170,151.
	7	Food and beverages	114,966.			114,966.
	8	Entertainment	500.			500.
	9	Other direct expenses	384,422.			384,422.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(670,039)
11	Net income summary. Combine line 3, column (d), and line 10				-2,490.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		20,707.	20,707.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		18,217.	18,217.
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(18,217)
8	Net gaming income summary. Combine line 1, column d, and line 7				2,490.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ AFJ CONSULTING GROUP

Address ▶ 5455 WILSHIRE BLVD. #2020 - LOS ANGELES, CA 90036

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

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 2,490.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES POLICE DEPARTMENT ("LAPD") - 155 N. LOS ANGELES ST - LOS ANGELES, CA 90012	95-6000735	LAPD	1,095,787.	0.	BOOK	N/A	TO ASSIST THE LAPD WITH RESOURCES NOT AVAILABLE THROUGH THE CITY BUDGET IN THE AREAS OF EQUIPMENT

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

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

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	42	11,600.	0.	BOOK	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR EQUIPMENT AND TECHNOLOGY GRANTS, ONCE APPROPRIATE VENDORS HAVE BEEN SELECTED BY THE LAPD AND THE LAPD HAS VERIFIED THE ACCURACY OF INVOICES, THE LAPF PAYS THE VENDOR DIRECTLY. THIS ALLOWS THE LAPF TO SHOW ITS BOARD AND ITS DONORS EXACTLY WHAT GRANT FUNDS ARE BEING EXPENDED AND TO WHOM, AND IT ALSO ENABLES THE LAPF TO TRACK PURCHASES. REGARDING TRAININGS AND COMMUNITY OUTREACH PROGRAMS, THE LAPF IS IN CLOSE CONTACT WITH THE GRANTEE TO ENSURE EVERYTHING WENT AS PLANNED.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES POLICE DEPARTMENT ("LAPD")

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE LAPD WITH RESOURCES NOT AVAILABLE THROUGH THE CITY BUDGET IN THE AREAS OF EQUIPMENT AND TECHNOLOGY UPGRADES, SPECIALIZED TRAINING, COMMUNITY OUTREACH AND YOUTH PROGRAMS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CECILIA GLASSMAN	(i) 147,950.	0.	0.	0.	10,324.	158,274.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JEFFREY GLASSMAN	JEFFREY GLASSMAN, BO	158,274.	THE ORGANIZ		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JEFFREY GLASSMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JEFFREY GLASSMAN, BOARD MEMBER, IS THE SPOUSE OF CECILIA GLASSMAN, E.D.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION COMPENSATED CECILIA

GLASSMAN FOR HER POSITION AS EXECUTIVE DIRECTOR OF LOS ANGELES POLICE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **LOS ANGELES POLICE FOUNDATION** Employer identification number **95-4700442**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC. GOODS)	X	584	44,844.	FMV
26 Other ▶ (HOLIDAY PARTY)	X	975	40,173.	FMV
27 Other ▶ (VIDEO GAMES)	X	250	40,000.	FMV
28 Other ▶ (WINE INVENTOR)	X	986	29,575.	FMV

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

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

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

Schedule M (Form 990) (2011)

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

SCHEDULE M, PART I, COLUMN (B): NON CASH GOODS ARE LISTED BY TOTAL NUMBER OF ITEMS DONATED.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number
95-4700442

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

ANGELES POLICE DEPARTMENT IN THE AREAS OF ESSENTIAL TRAINING,

CRITICALLY NEEDED TECHNOLOGY AND EQUIPMENT AS WELL AS COMMUNITY

OUTREACH AND YOUTH PROGRAMS. A FEW OF THE GRANTS APPROVED IN 2011 ARE

HIGHLIGHTED BELOW:

\$256,147.30- BALDWIN VILLAGE SURVEILLANCE CAMERA PROJECT - THE LAPD HAS

CONSISTENTLY IDENTIFIED THE BALDWIN VILLAGE AREA TO BE ONE OF THE MOST

VIOLENT AND CRIME-RIDDEN LOCATIONS IN LOS ANGELES. HEAVILY POPULATED BY

THE BLACK P-STONE GANG, THERE HAVE BEEN OVER 1,000 VIOLENT CRIMES

ASSOCIATED WITH THE BALDWIN VILLAGE AND CRENSHAW DISTRICT SINCE 2007.

THE LAPF PURCHASED SIX CAMERAS, BOTH FIXED AND PANNING WITH

MULTI-STREAMING CAPABILITY, TO INSTALL IN TARGET LOCATIONS ALLOWING THE

LAPD TO MONITOR THE AREA TO HELP REDUCE THE POTENTIAL FOR GANG CRIMES,

INCLUDING SHOOTINGS AND NARCOTIC SALES AND RELIEVE A COMMUNITY

LONG-TERRORIZED BY GANG VIOLENCE.

\$210,173.50- LICENSE PLATE RECOGNITION READERS - THE SKID ROW AREA IN

DOWNTOWN LOS ANGELES SEES THE HIGHEST CONCENTRATION OF NARCOTICS

ACTIVITY IN THE CITY. THE LAPF PURCHASED SEVERAL LICENSE PLATE READER

(LPR) SYSTEMS THAT WILL BE USED TO IDENTIFY DRUG DEALERS ENTERING THE

SKID ROW AREA. THE LPR SYSTEM SCANS A SUSPECT'S LICENSE PLATES AND RUNS

THE INFORMATION THROUGH A DATABASE TO IDENTIFY WHETHER THEY ARE A KNOWN

DRUG DEALER. THIS EQUIPMENT ALLOWS OFFICERS TO QUICKLY IDENTIFY AND

APPREHEND WANTED SUSPECTS WHO PREY ON MANY OF THE VULNERABLE SKID ROW

RESIDENTS WHO ARE ATTEMPTING TO RECLAIM THEIR LIVES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

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

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

\$81,759.53- IPAD TABLETS - PHASES I, II AND III - AND APPLE TV & AIRPORT EXPRESS - THE LAPF PURCHASED 120 IPAD 2 TABLETS FOR LAPD'S COMMAND STAFF. THESE IPADS ASSIST COMMANDING OFFICERS WITH THEIR WEEKLY, MONTHLY AND ANNUAL STATISTICS FOR INDIVIDUAL PART I CRIMES, PROPERTY CRIMES, AND VIOLENT CRIMES AND ALLOWS THEM TO QUICKLY VERIFY THAT FIELD ACTIVITIES ARE ACCURATELY REFLECTED IN THE STATISTICS. THE IPADS WILL ALSO BE USED TO DEVELOP, TEST, AND IMPLEMENT LAW ENFORCEMENT MOBILE APPLICATIONS, SUCH AS CRIME SCENE MAPPING AND PERIMETER MAPPING, CRIME SCENE AND HOMICIDE INVESTIGATIONS, AND TRAFFIC INVESTIGATIONS. COMMAND STAFF CAN ALSO REFERENCE DEPARTMENT MANUALS AND CALIFORNIA VEHICLE CODES AND PENAL CODES BY USING THE IPADS.

IN ADDITION TO THE IPADS, THE LAPF PROVIDED 32 APPLE TVS THAT ALLOW THE USER TO LOOK AT DOCUMENTS ON A TV SCREEN USING A WIRELESS CONNECTION; APPLE AIRPORT EXPRESS BASE STATIONS TO CREATE A WIRELESS CONNECTION AND ALLOW WIRELESS PRINTING FOR THE IPAD; APPLE AIRPORT EXPRESS EXTREME BASES THAT CREATE A WIRELESS CONNECTION THAT CAN BE USED BY UP TO 50 PEOPLE; AND WIRELESS HARD DRIVES. THE LAPF ALSO PROVIDED TWO 46" TELEVISIONS THAT WILL BE USED FOR PRESENTATIONS AND COMMUNITY BRIEFINGS BECAUSE OF THEIR ABILITY TO STREAM MEDIA WIRELESSLY FROM AN IPAD TO A BIG SCREEN FOR A LARGER AUDIENCE.

\$9,053.35- LIVE VIEW GPS TRACKERS - LAPD'S CRIMINAL SURVEILLANCE TEAM (CST) HELPS APPREHEND VIOLENT CRIMINALS BY IDENTIFYING SUSPECTS AND GATHERING CRIMINAL INTELLIGENCE. THE LAPF PURCHASED TWO LIVE VIEW GPS TRACKERS THAT WILL PROVIDE OFFICERS WITH A SUSPECT'S "REAL TIME" GLOBAL POSITIONING WHEN COVERTLY INSTALLED ON THE SUSPECT'S VEHICLE. USING THIS EQUIPMENT WILL DRAMATICALLY INCREASE WORK PRODUCTIVITY IN TRACKING

132212
01-23-12

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

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

A SUSPECT'S DAILY MOVEMENT AND ASSIST IN A SUCCESSFUL CRIMINAL PROSECUTION.

\$10,760.94- COVERT VIDEO AND AUDIO RECORDER W/TRANSMITTER - A COMPACT RECORDER CONCEALED IN THE SEAMS OF A BASEBALL CAP AND A SHIRT BUTTON TRANSMITS AUDIO AND VIDEO TO NEARBY OFFICERS TO MONITOR THE SAFETY OF UNDERCOVER OFFICERS. THE RECORDER PROVIDES ADDITIONAL SAFETY AND INDISPUTABLE VIDEO AND AUDIO EVIDENCE IN COURT AND ALLOWS OFFICERS TO GAIN INTELLIGENCE AND PROPERTY LAYOUTS TO DETERMINE THE BEST TACTICS, TOOLS AND TECHNIQUES TO EMPLOY.

\$144,582- JUVENILE IMPACT PROGRAM - LAPD'S JUVENILE IMPACT PROGRAM IS A 12-WEEK BOOT-CAMP STYLE PROGRAM INTENDED FOR AT-RISK YOUTH BETWEEN THE AGES OF 9 AND 16 YEARS OLD WHO HAVE DISCIPLINE AND/OR BEHAVIORAL DIFFICULTIES. THE PROGRAM PROVIDES A HIGHLY REGIMENTED AND DISCIPLINED ENVIRONMENT THAT PROVIDES PHYSICAL TRAINING, CLASSROOM INSTRUCTION AND COUNSELING FOR YOUTH, AS WELL AS MANDATORY PARENTING CLASSES THAT COACH PARENTS IN ANGER MANAGEMENT, COMMUNICATION SKILLS AND DOMESTIC VIOLENCE AWARENESS. THE LAPF HAS FUNDED MULTIPLE JUVENILE IMPACT PROGRAMS THROUGHOUT THE CITY OF LOS ANGELES.

\$20,700- VALLEY CARES FAMILY JUSTICE CENTER - OFFICER OVERTIME - THE LAPF FUNDED AN LAPD COMPONENT TO THE VALLEY CARES FAMILY JUSTICE CENTER, A 24-HOUR-A-DAY, SEVEN-DAY-A-WEEK, MULTI-DISCIPLINARY SEXUAL ASSAULT AND PHYSICAL ABUSE RESOURCE AVAILABLE TO CHILDREN AND ADULTS IN THE SAN FERNANDO VALLEY. THROUGH A COLLABORATION OF ADVOCATES, THE CENTER ACTS AS A "ONE-STOP-SHOP" FOR VICTIMS LOOKING FOR ASSISTANCE.

THIS UNIQUE MULTI-AGENCY PARTNERSHIP OFFERS ABUSE VICTIMS A STREAMLINED

132212
01-23-12

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

40

16561113 758461 9579

2011.04030 LOS ANGELES POLICE FOUNDATI 9579 1

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

AND COHESIVE PROCESS IN A SINGLE SETTING IN WHAT CAN OTHERWISE BE A CONVOLUTED AND DISJOINTED PROCESS. FUNDING SUPPORTED EQUIPMENT NEEDED TO OPERATE THE CENTER AND MAINTAIN THE RESOURCES AVAILABLE TO VICTIMS.

\$16,000- MAJOR CRIMES DIVISION SITUATION ROOM - THE LAPF FUNDED THE CONSTRUCTION OF A MUCH NEEDED "SITUATION ROOM" FOR LAPD'S MAJOR CRIMES DIVISION AND PURCHASED THE EQUIPMENT NEEDED TO OUTFIT THE ROOM. THIS NEWLY DESIGNATED SPACE WILL ALLOW THE DIVISION, WHICH IS THE PREVENTION COMPONENT OF THE CITY'S ANTI-TERRORISM EFFORT, TO COMMUNICATE CRITICAL INFORMATION TO THE LAPD AND OTHER AGENCIES DURING A MAJOR EMERGENCY SUCH AS A TERRORIST ATTACK.

\$10,000- COLLEGE TEXTBOOKS FOR 100 CADETS AT POPP - THE POLICE ORIENTATION PREPARATION PROGRAM (POPP) RECEIVED FUNDS FROM THE LAPF TO PURCHASE COLLEGE TEXTBOOKS FOR 100 CADETS. THE POPP PROGRAM ALLOWS STUDENTS IN HIGH SCHOOL AND THEIR FIRST YEAR OF COLLEGE TO RECEIVE HANDS-ON LAW ENFORCEMENT TRAINING DIRECTLY FROM LAPD OFFICERS. THE OBJECTIVE OF THE PROGRAM IS TO PROVIDE HIGHLY MOTIVATED AND DISCIPLINED STUDENTS, WHO ARE INTERESTED IN LAW ENFORCEMENT AS A CAREER, AN OPPORTUNITY TO SIMULATE THE EXPERIENCES OF AN LAPD RECRUIT.

\$3,500- SCIENTIFIC INVESTIGATION DIVISION LABORATORY REVIEW - LAPD'S SCIENTIFIC INVESTIGATION DIVISION (SID) INTERPRETS PHYSICAL EVIDENCE FOUND AT CRIME SCENES LIKE THE DNA KITS COLLECTED FROM SEXUAL ASSAULT CRIMES. THE LAPF FUNDED TWO CRIMINALISTS FROM NEW YORK CITY'S OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME) TO CONDUCT AN ASSESSMENT AND EVALUATION OF LAPD'S SID TO ENHANCE CURRENT PROCEDURES AND TO PROVIDE TRAINING AND DEVELOP RECOMMENDATIONS THAT WILL ASSIST SID IN HANDLING

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

BACKLOG ISSUES. THE INFORMATION CULLED FROM THE EVALUATION WILL INCREASE THE KNOWLEDGE AND EFFICIENCIES OF THE LAP'S SEROLOGY DNA UNIT.

\$1,500- DATE RAPE PUBLIC SERVICE ANNOUNCEMENT (PSA) - IN RESPONSE TO A RISE IN SEXUAL ASSAULTS IN THE HOLLYWOOD AREA, THE LAPF FUNDED A COMMUNITY OUTREACH CAMPAIGN DEVELOPED BY THE LAPD AND THE LOS ANGELES FILM SCHOOL. THE CAMPAIGN CONSISTS OF THE PRODUCTION A PUBLIC SERVICE ANNOUNCEMENT (PSA) THAT WILL EDUCATE THE COMMUNITY ON DATE RAPE. THROUGH SOCIAL MEDIA, APPS, AND OTHER INTERNET FORUMS, THE LAPD WILL BE ABLE TO REACH A TARGET AUDIENCE OF 18 - 30-YEAR OLDS THROUGHOUT THE CITY IN ORDER TO REDUCE THE INCIDENCE OF DATE RELATED SEX-CRIMES.

\$149.50- LAPD OFFICIAL WEBSITE - THE OFFICIAL LAPD WEBSITE (WWW.LAPDONLINE.ORG) IS THE LARGEST AND MOST VISITED LAW ENFORCEMENT WEBSITE IN THE WORLD. LAPD'S WEBSITE OFFERS MORE THAN 10,000 PAGES, ALLOWING USERS TO LEARN ABOUT THEIR AREA STATIONS, READ THE CHIEF'S BLOG, READ MINUTES AND AGENDAS FOR THEIR LOCAL C-PABS (COMMUNITY POLICE ADVISORY BOARD), AS WELL AS GET INFORMATION ABOUT CRIMES HAPPENING THROUGHOUT THE CITY.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING INDIVIDUALS HAVE A FAMILY RELATIONSHIP:

JEFFREY GLASSMAN, BOARD MEMBER AND CECILIA GLASSMAN, EXECUTIVE DIRECTOR

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FINAL FORM 990 IS GIVEN TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENFORCES

132212
01-23-12

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

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY BY ANNUALLY ADMINISTERING A CONFLICT OF INTEREST QUESTIONNAIRE. ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW AND COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE TO DISCLOSE ANY PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST. ONCE IDENTIFIED, CONFLICTS OF INTEREST ARE ADDRESSED AS SET FORTH IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING AND ENFORCING THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION USED A SEARCH FIRM TO HIRE THE EXECUTIVE DIRECTOR. THE SEARCH FIRM ALSO ASSISTED THE BOARD SEARCH COMMITTEE IN DETERMINING A REASONABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15B: THERE ARE NO OTHER PAID OFFICERS OR KEY EMPLOYEES, THEREFORE THIS QUESTIONS IS NOT APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 628.

FORM 990, PART XII, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

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

Name of the organization

LOS ANGELES POLICE FOUNDATION

Employer identification number

95-4700442

FORM 990, PART VII, STATEMENT OF REVENUE

IN 2011 CONTRIBUTIONS DID NOT MEET EXPECTATIONS PRIMARILY DUE TO THE
UNCERTAIN ECONOMIC CONDITIONS. CONTRIBUTIONS FOR 2012 ARE FORECASTED TO
SIGNIFICANTLY INCREASE OVER 2011.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. LOS ANGELES POLICE FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4700442
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 515 S. FLOWER STREET, NO. 1680	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071	

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

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

CECILIA GLASSMAN

- The books are in the care of ▶ **515 S. FLOWER STREET, STE 1680 - LOS ANGELES, CA 90071**
 Telephone No. ▶ **(213) 489-4636** FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2011** or
 ▶ tax year beginning _____, and ending _____

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

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

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

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

Form 8868 (Rev. 1-2012)

123841
01-04-12

efiled efile 5/10/12

13520503 758461 9579

2011.03050 LOS ANGELES POLICE FOUNDATI 9579 1

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions LOS ANGELES POLICE FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4700442
	Number, street, and room or suite no. If a P.O. box, see instructions. 515 S. FLOWER STREET, NO. 1680	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071	

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

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

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

CECILIA GLASSMAN

- The books are in the care of **515 S. FLOWER STREET, STE 1680 - LOS ANGELES, CA 90071**
Telephone No. **(213) 489-4636** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.
- For calendar year **2011**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature **P. Lopez** Title **CPA** Date **8/8/2012**
Form 8868 (Rev. 1-2012)