

STATE REGISTRATION NO. 135094

Short Form

OMB No. 1545-0047

Form **990-EZ**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form, as it may be made public.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2023 calendar year, or tax year beginning

, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationGREATER LOS ANGELES FISHER HOUSE
FOUNDATION

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

140 S BARRINGTON AVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90049-3309

D Employer identification number

20-3061920

E Telephone number

310-476-3012

F Group Exemption
Number**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____**I** Website: GREATERLAFISHERHOUSE.ORG**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is
not required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,
column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 18,545.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,432.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,113.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,545.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	22,443.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	20,489.
	17	Total expenses. Add lines 10 through 16	17	42,932.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-24,387.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	109,282.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	84,895.

For Paperwork Reduction Act Notice, see the separate instructions.

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Check if the organization used Schedule O to respond to any question in this Part II

X

Part III Statement of Program Service Accomplishments (see the instructions for Part III)	
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Check if the organization used Schedule O to respond to any question in this Part III

<input checked="checked" type="checkbox"/>	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Grants \$) If this amount includes foreign grants, check here ☐

28a	40,029.
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29

29a

30

30a

31 Other program services (describe in Schedule O)

31a

32 Total program service expenses (add lines 28a through 31a)

32	40,029.
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(list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

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FOUNDATION

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Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

Yes

No

33

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33

X

34

Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

34

X

35a

Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a

X

35b

If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b

N/A

35c

Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c

X

36

Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36

X

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

0.

37b

Did the organization file Form 1120-POL for this year?

37b

X

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a

X

38b

If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b

N/A

39

Section 501(c)(7) organizations. Enter:

39a

N/A

39b

Gross receipts, included on line 9, for public use of club facilities

39b

N/A

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a

0. ; section 4912 0. ; section 4955 0.

40b

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b

X

40c

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40c

0.

40d

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d

0.

40e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e

X

41

List the states with which a copy of this return is filed

41

CA

42a

The organization's books are in care of

42a

TIMOTHY BYK

Telephone no.

310-476-3012

Located at:

140 S BARRINGTON AVE, LOS ANGELES, CA

ZIP + 4

90049-3309

42b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

X

42c

If "Yes," enter the name of the foreign country

42c

X

42d

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42d

42e

At any time during the calendar year, did the organization maintain an office outside the United States?

42e

X

42f

If "Yes," enter the name of the foreign country

42f

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

43

43

and enter the amount of tax-exempt interest received or accrued during the tax year

43

N/A

44a

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a

X

44b

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b

X

44c

Did the organization receive any payments for indoor tanning services during the year?

44c

X

44d

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45a

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a

X

45b

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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

45b

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46

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

46

X

Part VISection 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
If "Yes," complete Sch. C, Part II

47

X

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

X

49a

Did the organization make any transfers to an exempt non-charitable related organization?

49a

X

b

If "Yes," was the related organization a section 527 organization?

49b

50

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f

Total number of other employees paid over \$100,000

51

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d

Total number of other independent contractors each receiving over \$100,000

52

Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

X

YesNo

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
TIMOTHY BYK, EXECUTIVE DIRECTOR
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name
SARAH HINTZ

Preparer's signature
SARAH HINTZ

Date
11/15/24

Check ☐ if self-employed

PTIN
P00492291

Firm's name
CLIFTONLARSONALLEN LLP

Firm's EIN
41-0746749

Firm's address
8390 EAST CRESCENT PARKWAY, SUITE 300
GREENWOOD VILLAGE, CO 80111

Phone no.
(303) 779-5710

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

X

YesNo