# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Trea ury Internal Revenue Service

▶ Do not enter ocial ecurity number on thi form, a it may be made public.

▶ Go to www.ir .gov/Form990EZ for in truction and the late t information.

**Open to Public** In pection

Α	For the	2019 calendar year, or tax year beginning July 1	, 2019, and ending	June 3	30 <b>, 20</b> 20		
В	Check if ap	oplicable: C Name of organization		D Employer i	dentification number		
	Addre c	Lo Angele Robotic			20-0572530		
Ц	Name cha	Number and treet (or P.O. box if mail i not delivered to treet addre )	) Room/ uite	E Telephone number			
H	Initial retu	11/457 3rd Street		(3	10) 937-7226		
H	Amended	City or town tate or province country and ZIP or foreign no tal code	•	F Group Ex			
Ħ	Applicatio			Number	•		
G		ting Method: ☐ Ca h ☑ Accrual Other ( pecify) ▶	н	Check ▶	if the organization i not		
	Web ite				ttach Schedule B		
		npt tatu (check only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (in ert no.) ☐ 4	947(a)(1) or 527	•	90-EZ, or 990-PF).		
_			Other		· · · · · · · · · · · · · · · · · · ·		
		5b, 6c, and 7b to line 9 to determine gro receipt . If gro receipt are \$20	00,000 or more, or if tota	ala et			
		umn (B)) are \$500,000 or more, file Form 990 in tead of Form 990-EZ			\$		
1	art I	Revenue, Expen e, and Change in Net A et or Fund	<b>Balance</b> ( ee the	in truction	for Part I)		
		Check if the organization u ed Schedule O to re pond to any o	-		-		
_	1	Contribution , gift , grant , and imilar amount received			34,013		
	2	Program ervice revenue including government fee and contract			32,099		
	3	Member hip due and a e ment		<b>-</b>	32,000		
	4	Inve tment income		4			
	5a	Gro amount from ale of a et other than inventory	1 1				
	b	Le : co t or other ba i and ale expen e					
	C	Gain or (lo ) from ale of a et other than inventory ( ubtract line		5c			
Revenue	6	Gaming and fundrai ing event:	ob nomine oaj	50			
	a	Gro income from gaming (attach Schedule G if greater th	an				
		\$15,000)	6a				
Ver	b	Gro income from fundrai ing event (not including \$	of contribution	n			
Ř		from fundrai ing event reported on line 1) (attach Schedule G if t					
		um of uch gro income and contribution exceed \$15,000)	6b				
	С	Le : direct expen e from gaming and fundrai ing event	6c				
	d	Net income or (lo ) from gaming and fundrai ing event (add line	e 6a and 6b and u	btract			
		line 6c)		· · 6d			
	7a	Gro ale of inventory, le return and allowance	7a				
	b	Le : co t of good old	7b				
	С	Gro profit or (lo ) from ale of inventory ( ubtract line 7b from line	ne 7a)	7с			
	8	Other revenue (de cribe in Schedule O)		8			
	9	<b>Total revenue.</b> Add line 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	66,112		
	10	Grant and imilar amount paid (li t in Schedule O)		10	29,881		
	11	Benefit paid to or for member		11			
S	12	Salarie, other compen ation, and employee benefit					
nse	13	Profe ional fee and other payment to independent contractor .		13			
Expenses	14	Occupancy, rent, utilitie, and maintenance					
ŭ	15	Printing, publication, po tage, and hipping			16		
	16	Other expen e (de cribe in Schedule O)			20,044		
	17	Total expen e . Add line 10 through 16			49,941		
	40	Exce or (deficit) for the year ( ubtract line 17 from line 9)			16,170		
ēţ	19	Net a et or fund balance at beginning of year (from line 27, co			10,170		
\ss		end-of-year figure reported on prior year's return)			22,314		
Net Assets	20	Other change in net a et or fund balance (explain in Schedule C			22,014		
ž	21	Net a et or fund balance at end of year. Combine line 18 through			38,485		
		The state of the s	<i>,</i>		1 00,400		

Form 990-EZ (2019) Page **2** 

Pa	<b>It II</b> Balance Sheet ( ee the in truction f	or Part II)				
	Check if the organization u ed Schedule	O to re pond to ar				🗆
				(A) Beginning of year		(B) End of year
22	Ca h, aving , and inve tment		[	22,913	22	40,119
23	Land and building		[	0	23	0
24	Other a et (de cribe in Schedule O)			387	24	0
25	Total a et		[	23,300	25	40,119
26	Total liabilitie (de cribe in Schedule O)		[	986	26	1,627
27	Net a et or fund balance (line 27 of column	(B) mu tagree with	n line 21) 🗍	22,314	27	38,485
Par	Statement of Program Service Accomp	<b>pli hment</b> ( ee th	e in truction for F			
	Check if the organization u ed Schedule	O to re pond to ar	ny que tion in thi	Part III 🗌		Expen e
Wha	is the organization's primary exempt purpose?	Fun, technology ba e	d enrichment activitie	for youth		uired for ection c)(3) and 501(c)(4)
a m	ribe the organization's program service accomplishea ured by expen e . In a clear and conci e mon benefited, and other relevant information for ea	anner, de cribe the ch program title.	e ervice provided	, the number of		nization; optional for
28	Provided upport for Lo Angele area VEX IQ Challenge			nunitie .		
	Purcha ed team regi tration, robot et and/or field kit  Organized ten league, two tournament, and two State ( (Grant \$ 29,881) If thi amount	Champion hip for 372	team_involving abou		28a	46,379
29	Organized three Southern California Regional Robotic F	orum (SCRRF) event	for 46 FIRST Robotic	;		
	Competition team attended by over 690 high chool tud					
	Fall Cla ic, Kit-Bot Build, and Scrimmage. Funded by re	and the second second				
		include foreign gra			29a	557
30						
	(Grant \$ 0) If thi amount	include foreign gra	nt , check here .	▶ □	30a	
31	Other program ervice (de cribe in Schedule O)					
		include foreign gra			31a	
32	<b>Total program ervice expen e</b> (add line 28a t	hrough 31a)		🕨	32	46 936
	Total program ervice expen e (add line 28a t				32 nstruc	46,936
	Li t of Officer, Director, Tru tee, and Key	Employee (list each	one even if not com	pensated—see the in	nstruc	ctions for Part IV)
		<b>Employee</b> (list each O to re pond to an	one even if not com	pensated—see the in Part IV	nstruc	ctions for Part IV)
	Li t of Officer, Director, Tru tee, and Key	Employee (list each	n one even if not com ny que tion in thi	pensated—see the in Part IV	nstruc 	ctions for Part IV)
	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title	Employee (list each O to re pond to ar (b) Average hour per week	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC)	pensated—see the in Part IV	nstruc 	etions for Part IV)
Par	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title	Employee (list each O to re pond to ar (b) Average hour per week	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC)	Part IV	nstruc 	etions for Part IV)
Par Joe F	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ee (e)	etions for Part IV)
Joe F Pre i	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the it Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	ee (e)	etions for Part IV)
Joe F Pre i David	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title  Tetito dent Brinza Pre ident	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the it Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation		E timated amount of other compen ation
Joe F Pre i David Vice	Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not com ny que tion in thi (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV		E timated amount of other compen ation
Joe F Pre i David Vice Terry Secre	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well stary	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	(e) (c) (0) (0) (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	tions for Part IV)
Joe F Pre i David Vice Terry Secre	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well stary y Nel on	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	(e) (c) (0) (0) (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	tions for Part IV)
Joe F Pre i David Vice Vice Terry Secre LeRo Trea	Li t of Officer , Director , Tru tee , and Key Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well stary y Nel on urer	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	E timated amount of other compen ation
Joe F Pre i Davice Terry Secre LeRo Chri	Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well etary y Nel on urer Hu mann	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstruc	E timated amount of other compen ation  0
Joe F Pre i Davice Terry Secre LeRo Trea Chri	Check if the organization u ed Schedule  (a) Name and title  retito dent Brinza Pre ident Well stary y Nel on urer Hu mann tor	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	E timated amount of other compen ation
Joe F Pre i Davice Terry Secre LeRo Trea Chri Direc Eilee	Check if the organization u ed Schedule  (a) Name and title  (etito dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4  4  4  20	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	0 0 0	E timated amount of other compen ation  0  0  0
Joe F Pre i Davice Terryy Secre LeRo Trea Chri Direc Eilee	Check if the organization u ed Schedule  (a) Name and title  (etito dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	nstruc	E timated amount of other compen ation  0
Joe F Pre i Davicie Terry Secre LeRo Chri Direc Eilee Direc Tarek	Check if the organization u ed Schedule  (a) Name and title  dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor Shraibati	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	(e) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	E timated amount of other compen ation  0  0  0
Joe F Pre i Davicio Terry Secre LeRo Chri Direc Eilee Direc Trea	Check if the organization u ed Schedule  (a) Name and title  dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor s Shraibati tor	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition 4  4  4  20	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	0 0 0	E timated amount of other compen ation  0  0  0
Joe F Pre i Davice Terry Secre LeRo Chri Direc Eilee Direc Tarel Direc Amar	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza  Pre ident  Well  stary  y Nel on  urer  Hu mann  tor  n Kahn  tor  Shraibati  tor  da Sullivan	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the in Part IV	(e) (e) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	E timated amount of other compen ation  0  0  0  0
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Joe F Pre i Davice Terry Secre LeRo Direc Eilee Direc Tarek Direc Amar	Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor s Shraibati tor dda Sullivan tor Vallone	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4  2	n one even if not company que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)  Line E timated amount of other compen ation  0  0  0  0  0  0  0  0 0
Joe F Pre i Davice Terry Secre LeRo Direc Eilee Direc Tarek Direc Greg Direc	Check if the organization u ed Schedule  (a) Name and title  detito dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor s Shraibati tor dda Sullivan tor Vallone tor	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	(e) (e) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	E timated amount of other compen ation  0  0  0  0
Joe F Pre i Davice Terry Secre LeRo Trea Chri Direc Eilee Direc Tarel Direc Greg Direc Greg Ye e	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor Shraibati tor da Sullivan tor Vallone tor Nia Karamano	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  20  4  2  6  2	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)  E timated amount of other compen ation  0  0  0  0  0  0  0  0  0  0  0  0  0
Joe F Pre i Davice Terry Secre LeRo Trea Chri Direc Eilee Direc Amar Direc Greg Direc Ye e Direc	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza Pre ident Well stary y Nel on urer Hu mann tor n Kahn tor Shraibati tor da Sullivan tor Vallone tor Vallone tor hia Karamano tor hia Karamano tor	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4  2	n one even if not company que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in Part IV  (d) Health benefit , contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)  Line E timated amount of other compen ation  0  0  0  0  0  0  0  0 0
Joe F Pre i Davice Terry Secre LeRo Trea Chri Direc Eilee Direc Greg Direc Trea Chri Direc Tarel	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza  Pre ident  Well  stary  y Nel on  urer  Hu mann  tor  n Kahn  tor  Shraibati  tor  vallone  tor  Vallone  tor  Nalone  Ayad	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4  2  6  2	one even if not company que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV (d) Health benefit contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E timated amount of other compen ation  0  0  0  0  0  0  0  0  0  0  0  0  0
Joe F Pre i Davice Terry Secre LeRo Trea Chri Direc Eilee Direc Amar Direc Greg Direc Ye e Direc	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza  Pre ident  Well  stary  y Nel on  urer  Hu mann  tor  n Kahn  tor  Shraibati  tor  vallone  tor  Vallone  tor  Nalone  Ayad	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  20  4  2  6  2	n one even if not comply que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV (d) Health benefit contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)  E timated amount of other compen ation  0  0  0  0  0  0  0  0  0  0  0  0  0
Joe F Pre i Davice Terry Secre LeRo LeRo Direc Eilee Direc Greg Direc Greg Direc Tony	Check if the organization u ed Schedule  (a) Name and title  detito  dent Brinza  Pre ident  Well  stary  y Nel on  urer  Hu mann  tor  n Kahn  tor  Shraibati  tor  vallone  tor  Vallone  tor  Nalone  Ayad	Employee (list each O to re pond to an (b) Average hour per week devoted to po ition  4  4  4  20  4  2  6  2	one even if not company que tion in thi  (c) Reportable compen ation (Form W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV (d) Health benefit contribution to employ benefit plan , and deferred compen ation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E timated amount of other compen ation  0  0  0  0  0  0  0  0  0  0  0  0  0

Part				_
	in truction for Part V.) Check if the organization u ed Schedule O to re pond to any que tion in thi	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed de cription of each activity in Schedule O	33	Ye	No
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 in truction	34		<b>→</b>
35a	Did the organization have unrelated bu ine gro income of \$1,000 or more during the year from bu ine activitie ( uch a tho e reported on line 2, 6a, and 7a, among other )?	35a		,
b	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		<b>✓</b>
c	Wa the organization a ection 501(c)(4), 501(c)(5), or 501(c)(6) organization ubject to ection 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, di olution, termination, or ignificant di po ition of net a et during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditure, direct or indirect, a de cribed in the in truction   37a			
b	Did the organization file Form 1120-POL for thi year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loan to, any officer, director, tru tee, or key employee; <b>or</b> were any uch loan made in a prior year and till out tanding at the end of the tax year covered by thi return? .	38a	✓	
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 5,000 Section 501(c)(7) organization . Enter:	-		
а	Initiation fee and capital contribution included on line 9			
b	Gro receipt , included on line 9, for public u e of club facilitie	-		
40a	Section 501(c)(3) organization . Enter amount of tax impo ed on the organization during the year under: ection 4911 ▶ ; ection 4912 ▶ ; ection 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization. Did the organization engage in any ection 4958 exce benefit tran action during the year, or did it engage in an exce benefit tran action 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		<b>✓</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization . Enter amount of tax impo ed	100		·
	on organization manager or di qualified per on during the year under ection 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization . Enter amount of tax on line 40c reimbur ed by the organization			
е	All organization . At any time during the tax year, wa the organization a party to a prohibited tax helter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	Li t the tate with which a copy of thi return i filed ► California			
42a		310-93		
b	Located at ► 1457 3rd Street, Manhattan Beach, CA ZIP + 4 ►  At any time during the calendar year, did the organization have an intere t in or a ignature or other authority over	90266	Ye	No
-	a financial account in a foreign country ( uch a a bank account, ecuritie account, or other financial account)?	42b	1.0	√
	If "Yes," enter the name of the foreign country ▶			·
	See the in truction for exception and filing requirement for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).			
С	At any time during the calendar year, did the organization maintain an office out ide the United State? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable tru t filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt intere t received or accrued during the tax year		. 1	<b>▶</b> □
4.6	Dilui		Ye	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in tead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed in tead of Form 990-EZ	44b		<b>√</b>
С	Did the organization receive any payment for indoor tanning ervice during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d	<u> </u>	<b>√</b>
45a	Did the organization have a controlled entity within the meaning of ection 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any tran action 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 in truction	1Eh		<b>√</b>
		45b	( '	. <b>∀</b>

Page 3

Form 99	90-EZ (2	019)								Page 4
46		ne organization engage, directly or in							Ye	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	Only						for l	✓ ine
		Check if the organization u ed Scl	nedule O to re pond	I to any que tion i	n thi Pa	ırt VI				. 🗆
		<u> </u>	•	• •					Ye	No
47		he organization engage in lobbying <sup>9</sup> If "Yes," complete Schedule C, Par		ection 501(h) elec		ffect d	uring the		17	/
48	Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48								
49a		ne organization make any tran fer to							9a	1
b	If "Ye	es," was the related organization a se	ection 527 organization	on?				. 49	9b	
50		plete this table for the organization's								
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganizatio	n. If the	ere is non	e, enter	"None	э."
	(a)	Name and title of each employee	(b) Average hour per week devoted to po ition	(c) Reportable compen ation (Form W-2/1099-MIS	contril		o employee nd deferred	(e) E tin	nated an compen	
None										
110110										
	<del></del>		Φ400 000							
		number of other employee paid ov				<del>_</del>				
51		plete this table for the organization' ,000 of compensation from the orga			ent contr	actors	wno eacr	ı receiv	ea mo	ore thai
						$\overline{}$				
	(a)	Name and bu ine addre of each independ	lent contractor	<b>(b)</b> Type of	ervice		(c)	Compen	ation	
None										
				_						
						$\rightarrow$				
				-						
						$\rightarrow$				
				-						
						+				
				-						
d	Total	number of other independent contra	actor each receiving	over \$100,000 .	. ▶					
52	Did 1	the organization complete Schedubleted Schedule A	-		_	n mı	ı t attach	n a . <b>⊳</b> [√] <b>Y</b>		□No
Under n		of perjury, I declare that I have examined this	return, including accompan			d to the h	ne tofmvkr			
		d complete. Declaration of preparer (other than						.c.mcagc	uu 50	,
		<b>\</b>								
Sign		Signature of officer				Date				
Here		LeRoy E Nel on, Trea urer Type or print name and title								
D-:-'		Print/Type preparer's name	Preparer's signature		Date		Ch	, PTI	N	
Paid	<b>0</b> 46	, po p. sparor o namo					Check L	if		
Prep		Firm's name				Firm'	s EIN ▶			
Ue	Office	Firm's address ►				Phon				
Mav th	ne IRS	di cu thi return with the prepare	hown above? See	in truction				► □ Y	<u>—</u> Г	Νο

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

20-0572530

Department of the Treasury Internal Revenue Service

Name of the organization

Los Angeles Robotics

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection | Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) **Total** 

	(Complete only if you checked th Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	90.0		, [		,	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,		,			
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						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Cooti	organization, check this box and stop her	t Dersentes					
<u> 14</u>	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 column (fl)		14	%
15	Public support percentage for 2013 (interest Public support percentage from 2018 Sch		-			15	<del></del>
16a	331/3% support test—2019. If the organization qual	zation did not	check the box	on line 13, ar	nd line 14 is 33	3 <sup>1</sup> /3% or more,	check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets th	e "facts-and-c	circumstances' stances" test.	' test, check	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			•	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	200	69,369	142,288	55,526	34,013	301,396
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	14,724	12,599	7,010	10,794	32,099	77,226
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						0
6	<b>Total.</b> Add lines 1 through 5	0 14,924	0 81,968	0 149,298	66,320	0 66,112	<u>0</u> 378,623
7a	Amounts included on lines 1, 2, and 3	14,924	61,900	149,290	66,320	00,112	370,023
	received from disqualified persons .	844	45,242	117,569	50,509	37,967	252,131
b	Amounts included on lines 2 and 3	044	40,242	117,505	30,303	37,307	202,101
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	844	45,242	117,569	50,509	37,967	252,131
8	Public support. (Subtract line 7c from						
<del></del>	line 6.)						126,492
	on B. Total Support				( 0		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	14,924	81,868	149,298	66,320	66,112	378,623
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .					0	0
b	Unrelated business taxable income (less	0	0	0	0	0	0
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	o	o	o	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	14,924 ne organization	81,868	149,298 d third fourth	or fifth tax ve	66,093 Par as a sectio	378,603 n 501(c)(3)
	organization, check this box and <b>stop he</b>	_					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			3, column (f))		15	33.4 %
16	Public support percentage from 2018 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	34.1 %
Secti	on D. Computation of Investment In-						
17	Investment income percentage for 2019 (	line 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box	-	-	-		_	
b	331/3% support tests—2018. If the organiz						
20	line 18 is not more than 331/3%, check this begins a few private foundation. If the organization di	_	=				_
20	- Frivate Ioungation, II Me Organization Ol	о погонеска Г	x UII III IE 14.	13a. UL 190. C	HEUN HIIS DOX A	and 266 11121111	AUCHO P

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Los Angeles Robotics

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

20-0572530

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Name of organization
Los Angeles Robotics

Employer identification number
20-0572530

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Paypal Charitable Giving Fund  1250 1 Street NW  Washington DC 90005-3910	\$\$ \$32,638	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Part II

**Employer identification number** 

Los Angeles Robotics 20-0572530

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	None	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

#### **SCHEDULE L** (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 

Los	Angeles Robotics									20-0	05725	30		
Pa		fit Transaction ne organization	<b>1s</b> (section 50 <sup>-</sup> answered "Ye	1(c)(3), es" on	section s Form 990	501(c)(4), a 0, Part IV, l	ind se ine 25	ction 501(c)(29) a or 25b, or Fo	orgar rm 99	nizatio 0-EZ,	ns or Part	nly). V, line	40b.	
1	(a) Name of disqualified	norcon	(b) Relationship be	etween	disqualified	person and		(c) Descriptio	n of trai	acactic			(d) Cor	ected?
•	(a) Name of disqualmed	person		organiz	ation			(c) Descriptio	II OI II ai	isactioi	11		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958				_	-	•	ied persons du	ring t	he ye	ar ▶ \$	3		
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatior	n			▶ \$			
Par (a)	Complete if th	I/or From Interne organization reported an ambient (b) Relationship with organization	answered "Ye	es" on 990, P (d) L	Form 990 Part X, line oan to or om the nization?	0-EZ, Part e 5, 6, or 2 (e) Origin principal an	2. nal	38a or Form 99		default?	(h) Ap		f the (i) W	
				-										
-/4\				То	From				Yes	No	Yes	No	Yes	No
	Tony Ayad	Director	Startup Ioan	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			5,000	5,000	)	~	~			~
(2)														
(3)				-										
(4)														
(5)														
(6)														
(7)														
(8)														
(9) (10)														
								<b>\$</b> 5.004						
Tota Par	t III Grants or As	sistance Bene ne organization	fiting Interest	ed Pe	rsons.			<sup>★</sup> 5,000	)					
(a	a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(	d) Type of assistand	ce	(e)	) Purpo	se of a	ssistan	ce
(1)	None													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

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) Sha organiz rever	zation's					
					Yes	No					
(1) None	9										
(2) (3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9) (10)											
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	instructions).							

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Los Angeles Robotics

Internal Revenue Service

Name of the organization

# 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

20-0572530

Open to Public Inspection

Part 1. Revenue, Expenses, and Changes in Net Assets or Fund Balances
Line 10. Grants and similar amounts paid
See Part III. Statement of Program Service Accomplishments and Other Program Services
Line 16. Other Expenses
See Part III. Statement of Program Service Accomplishments and Other Program Services
Part II. Balance Sheets
Line 24. Other Assets: Accounts Receivable and Credit Card Balance Credit
Line 26. Total liabilities: Accounts Payable and Credit Card Balance Due