Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2 19 Open to Public Inspection

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be m	ade public.
Go to www.irs.gov/Form990 for instructions and the latest info	rmation.

AF	or the	a 2019 calendar year, or tax year beginning and	a enaing		
B C a	heck if pplicabl	c Name of organization		D Employer identifi	cation number
	Addre] Chang				
	Name Chang	e Doing business as		82-52351	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1611 S HOPE STREET	2ND FI	(213) 34	0-4213
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	266,549.
	Amen			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: MICHAEL HOLT		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates ir	
IT	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)) or 527	- ` '	list. (see instructions)
		te: HTTP://NAVEL.LA		H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: CA
_	rt I				<u> </u>
	1	Briefly describe the organization's mission or most significant activities: NAVE	L SUPE	ORTS CULTUR	AL
nce	-	COMMUNITIES, ORGANIZATIONS, AND INVIDUAL	S BY F	ROVIDING PU	BLIC ARTS
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			
Nel				3	5
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
80 80		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
/itie		Total number of volunteers (estimate if necessary)			67
CţÌ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		4,654.	22,042.
ň	9	Program service revenue (Part VIII, line 2g)		188,908.	54,950.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	180,511.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		193,562.	257,503.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	32,909.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ę		Total fundraising expenses (Part IX, column (D), line 25) 46, 6	36.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	245,197.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	278,106.
		Revenue less expenses. Subtract line 18 from line 12		193,562.	-20,603.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		16,565.	19,567.
dB		Total liabilities (Part X, line 26)		13,454.	38,206.
Fund		Net assets or fund balances. Subtract line 21 from line 20		3,111.	-18,639.
		Signature Block		•	· · ·

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 MICHAEL HOLT, EXECUTIV Type or print name and title	/E DIRECTOR		Date			
Paid	Print/Type preparer's name JOHN BOVARD MIRON	Preparer's signature	Date	Check PTIN if self-employed P01358141			
Preparer	Firm's name QUIGLEY & MIRON	·	·	Firm's EIN ▶ 32-0530003			
Use Only	Firm's address 3550 WILSHIRE BI						
	LOS ANGELES, CA	90010		Phone no. (213) 639-3550)		
May the IF	ay the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	20-20 LHA For Paperwork Reduction Act Noti	ice, see the separate instruct	ions.	Form 990 (201	9)		
S	EE SCHEDULE O FOR ORGANIZ	ZATION MISSION S	TATEMENT C	ONTINUATION			

Form	990 (2019) NAVEL LA CO	82-5	235150	Page 2
	rt III Statement of Program Service Accomplishments			<u>90 –</u>
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	THE MISSION OF NAVEL LA CO IS TO SUPPORT CULTURAL COM			
	INDIVIDUALS, AND ORGANIZATIONS THROUGH PUBLIC PROGRAM			
	FACILITIES RENTALS, RESIDENCIES, EDUCATIONAL PROGRAMS	, AND A	LL OTHE	R
	RELATED ACTIVITIES TO THE ABOVE MISSION.			
2	Did the organization undertake any significant program services during the year which were not listed on the	е		37
	prior Form 990 or 990-EZ?		∐Yes	XNo
	If "Yes," describe these new services on Schedule O.			37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es?	∐Yes	XNo
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the to	otal expenses, a	and
4-	revenue, if any, for each program service reported.		51	950.)
4a	(Code:) (Expenses \$ 128,854. including grants of \$) (R PUBLIC PROGRAMS & EVENTS:)	evenue \$	J4,)
	THROUGH OUR COMMUNITY ELECTED PROGRAMMING COMMITTEE W		ICED 6	
	ORIGINAL MULTI-DAY PUBLIC PROGRAMS INCLUDING: NO CRUIS			
	DAYMEH, A RIGHT TO DEFIANCE, AND 0.1% WHICH WERE ATTEN			.500
	PEOPLE, INVOLVED OVER 60 ORGANIZERS AND ARTIST-PERFORM			-
	TALKS, WORKSHOPS, PERFORMANCE ART, INSTALLATIONS, EXH.			
	MORE. WE HOSTED 28 ADDITIONAL PUBLIC PROGRAMS AND EVEN			A AN
	OPEN CALL PROCESS AND THROUGH ONGOING COLLABORATIONS N			
	ORGANIZATIONS WHICH REACHED A TOTAL AUDIENCE OF OVER			ALL
	PUBLIC PROGRAMMING AND EVENTS ARE LOW-COST OR FREE, A	ND NO C	NE IS	
	TURNED AWAY FOR LACK OF FUNDS.			
4b		evenue \$	76,	546. ₎
	SPACE FACILITIES & RESIDENCY PROGRAM:			
	NAVEL CONTINUED TO OFFER FREE SPACE AND EQUIPMENT TO I			
	COLLECTIVE RESIDENCY PROGRAM, WHICH PROVIDED OVER 40 (ERS
	WITH 1-2 YEAR ACCESS TO OUR SPACE AT NO COST, WITH MEI			
	SUPPORT FOR THEIR PROJECTS AND PRACTICES. IN 2019 WE			
	RESIDENCY PROGRAM CALLED ASSEMBLIES, A COLLABORATIVE			JRM
	WHICH ALLOWS FOR ARTIST-LED LEARNING GROUPS TO FORM A			
	THEME, OR PROJECT. FOR 3 MONTHS, NAVEL PROVIDES EACH 2 SPACE, COMMUNITY, SUPPORT, TOOLS AND RESOURCESINCLU			
	SPACE, COMMONITY, SUPPORT, TOOLS AND RESOURCES-INCLUS			
	SUPPORTED 19 ASSEMBLIES LED BY OVER 20 ARTISTS. LASTLY			
	FREE OR SLIDING SCALE ACCESS TO OUR SPACE AND FACILIT.			
40	(Code:) (Expenses \$ including grants of \$) (R			
10				/
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 172,336.		- 0	
	SEE SCHEDULE O FOR CONTINUATIO	J(G)	Form 9	90 (2019)
932002	2 01-20-20 SEE SCHEDULE O FOR CONTINUATION 2			

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	990	(2013)	

 Form 990 (2019)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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 more2 if "Ves." complete Schedule E. Parts Land IV	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26	x	
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b				
с				
	(aambling) winnings to prize winners?	1c		

Form 990	
Part V	Sta

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 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7h	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	23	
C	to file Form 8282?	7c		x
A	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization life of our boss as required \dots .	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-14		
~	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ũ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (213) 340-4213			
	1611 S HOPE STREET, NO. 2ND FL, LOS ANGELES, CA 90015			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

NAVEL LA CO

Form 990 (2019)

82-5235150

Page 6

NAVEL LA CO

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) ANGELA SEO	5.00									
BOARD MEMBER		X						0.	0.	0.
(2) BLAINE O'NEILL	5.00									
BOARD MEMBER		X						0.	0.	0.
(3) JONAS WENDELIN KESSELER	8.00									
PRESIDENT		X						0.	0.	0.
(4) KRISTOFFER JOSEFSSON	5.00									
SECRETARY & TREASURER		Х						0.	0.	0.
(5) NADA RASTAD	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MICHAEL HOLT	50.00									
EXECUTIVE DIRECTOR				Х				32,909.	0.	0.
		1								
		1								
		1								
					·	-				

Form 990 (2019)

	n 990 (2019) NAVEL LA	CO								82-523	515	0 ғ	Page 8
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pei	i tion more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	C	mpens from th rganiza Ind rela ganizat	ation ne tion ted
			-										
			-										
			-										
1b	Subtotal		<u> </u>	<u> </u>				>	32,909.		•		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A							0. 32,909.		•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed at	oove	e) wł	io r	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer,	director, trust	ee, I	kev e	empl	ove	e, or	hic	phest compensated emp	ployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual									. 3		X
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J	for such individual		. 4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-		. 5		x
1	ction B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of compe	nsatio	n from	
	the organization. Report compensation for (A)					/ith	or w	ithiı	(B)		0	(C)	
	Name and business	address	N	ONE	5				Description of s	ervices	Com	pensatio	on
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se lis	stec	d above) who received n	nore than			

rm 99 art 1		NAVEL I Statement of Revenue					82-5235	150 Pa
		Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII]
		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu
2 1	1 2	Federated campaigns	1a					
5 '				3,365.				
2			··	11,526.				
₹		Fundraising events						
		Related organizations						
5		Government grants (contributions						
ū	T	All other contributions, gifts, grants, a		7,151.				
5		similar amounts not included above .						
	•	Noncash contributions included in lines 1a-			22 042			
σ	h	Total. Add lines 1a-1f			22,042.			
		DUDI TA DDOGDANA		Business Code	<u> </u>			
2	2 a	PUBLIC PROGRAMS		900099	54,950.	54,950.		
P I	b							
	С							
	d							
aniiaaau	е							
		All other program service revenue						
	g	Total. Add lines 2a-2f		🕨	54,950.			
3	3	Investment income (including div						
		other similar amounts)		🕨 📘				
4	ł	Income from investment of tax-ex		· · ·				
5	5	Royalties						
			(i) Real	(ii) Personal				
6	бa	Gross rents 6a 1	75,437.					
	b	Less: rental expenses 6b	9,046.					
	с	Rental income or (loss) 6c 16	56,391.	14,120.				
	d	Net rental income or (loss)		►	180,511.	76,546.		103,96
7	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
		and sales expenses 7b						
	с	Gain or (loss) 7c						
		Net gain or (loss)		>				
8		Gross income from fundraising events						
		including \$ 11,526						
		contributions reported on line 1c)						
		Part IV, line 18		0.				
	b	Less: direct expenses	8b	0.				
		Net income or (loss) from fundrais			0.			
9		Gross income from gaming activit	-					
	-	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming		►				
10		Gross sales of inventory, less retu						
	-	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of						
				Business Code				
" 11	la							
anua 11	b							
2 C	c	·		<u>├</u> ───┤				
Ĕ		All other revenue		<u>├</u>				
1		Total. Add lines 11a-11d						
	-							

NAVEL LA CO Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
ind	lividuals. See Part IV, lines 15 and 16				
4 Bei	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees	32,909.	13,164.	11,518.	8,227
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits yroll taxes				
	es for services (nonemployees):				
	anagement				
	gal	644.		644.	
	counting	404.		404.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees				
g Oth	her. (If line 11g amount exceeds 10% of line 25,				
colu	umn (A) amount, list line 11g expenses on Sch 0.)				
12 Ad	lvertising and promotion	4,229.	1,599.	125.	2,505 2,421
	fice expenses	19,758.	5,766.	11,571.	2,421
	ormation technology				
	yalties	35,902.	12 21E	6 250	6 0 2 7
		10,368.	23,315. 4,404.	6,350. 5,235.	6,237 729
		10,300.	4,404.	5,235.	149
	yments of travel or entertainment expenses				
	any federal, state, or local public officials	268.		268.	
		550.		550.	
	yments to affiliates				
	preciation, depletion, and amortization	1,507.	978.	267.	262
	surance	525.		525.	
24 Oth	ner expenses. Itemize expenses not covered				
line	ove (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	ONTRACTOR	150,025.	105,633.	20,837.	23,555
-	RODUCTION EXPENSE	13,326.	11,223.	115.	1,988
	EPAIRS & MAINTENANCE	4,121.	2,684.	725.	712
-	ATERING	3,570.	3,570.		
e All	other expenses				
	tal functional expenses. Add lines 1 through 24e	278,106.	172,336.	59,134.	46,636
26 Joi	int costs. Complete this line only if the organization				
rep	orted in column (B) joint costs from a combined				
edu	ucational campaign and fundraising solicitation.				
Che	eck here if following SOP 98-2 (ASC 958-720)				

 Form 990 (2019)
 NAVEL

 Part X
 Balance Sheet
 NAVEL LA CO ata ta

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,433.	1	5,047
	2	Savings and temporary cash investments			80.	2	20
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	4,955
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
្ន	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ζ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	11,841.			
	b	Less: accumulated depreciation		2,296.	11,052.	10c	9,545
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I	ine 11 💠			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			16,565.	16	19,567
	17	Accounts payable and accrued expenses			2,447.	17	25,684
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ő	22	Loans and other payables to any current or	former offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of			11,007.	22	12,522
5	23	Secured mortgages and notes payable to ur		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax		F			
		parties, and other liabilities not included on l	ines 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			13,454.	26	38,206
		Organizations that follow FASB ASC 958,					
Sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			3,111.	27	-18,639
Ba	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB AS					
Ĩ		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	3,111.	32	-18,639
-	33	Total liabilities and net assets/fund balances			16,565.	33	19,567

Form **990** (2019)

Form	1 990 (2019) NAVEL LA CO	82-523	5150	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,503.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,106.
3	Revenue less expenses. Subtract line 2 from line 1	3		,603.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,111.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	,147.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	-18	,639.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2019)

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Eorm	990	or	990-EZ
(FOI III	320	UI	330-EZ

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
			L LA CO						2-5235150
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	intial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	e or
	v	university:							
10	X	An organization that norma							
		activities related to its exen		-					-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	aπer June 30, 1975.
11		See section 509(a)(2). (Con	,	ively to test for public or	foty Soo	contion El	O(a)(4)		
12		An organization organized a An organization organized a	-	, .	•			arry out the	purposes of one or
12		more publicly supported or		-	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	r aivina
-		the supported organization		-	•	-			
		organization. You must c							
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	-				-		-
		organization(s). You mus			·				
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		_ requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	3 1	, , ,	0 0				
f		er the number of supported of							
g		vide the following information		ed organization(s). (iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	fmonotony	(vi) Amount of other
	(i) Name of supported organization 	(ii) EIN	(described on lines 1-10		nization listed ng document?	support (see ir		support (see instructions)
				above (see instructions))	Yes	No		,	
Tota	1								

Schedule A (Form 990 or 990 EZ) 2019 NAVEL LA CO

82-5235150 Page 2

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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)) 2019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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							
	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.					+		
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e	2019	(f) Total
	Amounts from line 4	(4) 2010	(0) 2010		(4) 2010		2010	(i) fotal
	Gross income from interest,							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10		 			10		
	Gross receipts from related activities,		,			12	.) (0)	
13	First five years. If the Form 990 is for				-			
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	ercentage				<u></u>	
				column (f)		14		0/
	Public support percentage for 2019 (14		%
	Public support percentage from 2018 33 1/3% support test - 2019. If the o							%
102		-						
	stop here. The organization qualifies 33 1/3% support test - 2018. If the o							
Ľ		-						
47-	and stop here. The organization qual							
1/8	10% -facts-and-circumstances tes							
	and if the organization meets the "fac			-	-		-	
	meets the "facts-and-circumstances"	-	-	• •				
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the							,
	organization meets the "facts-and-cire							P
18	Private foundation. If the organization	n did not check a	box on line 13, 10	5a, 16b, 17a, or 17	7b, check this box	and see	instruction	s 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NAVEL LA CO

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				4,654.	10,516.	15,170.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the propagation of the average to the				188,904.		188,904.
2	organization's tax-exempt purpose				100,0040		100,0040
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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				193,558.	10,516.	204,074.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						204,074.
	Public support. (Subtract line 7c from line 6.)						201,071.
		() 0015	(1) 0010	()0017	(1) 0010	() 0010	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018 193,558.	(e)2019 10,516.	(f) Total 204,074.
	Amounts from line 6				195,550.	10,510.	204,074.
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						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on					180,511.	180,511.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				193,558.	191,027.	384,585.
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	•		· · ·			X
Sec	ction C. Computation of Publ	ic Support Pe					
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Invest						/0
						17	%
17 10							
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						/ is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19				Sche	edule A (Form 990	or 990-EZ) 2019

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
800	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
1 a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization satisfied the Activities rest. Complete line 2 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 NAVEL LA CO Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Oth	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Oth	her expenses (see instructions)	7		
8 Ad	ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fai	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other			
fac	ctors (explain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by .035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, Column A)	1		
2 Ent	ter 85% of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ent	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	nergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i art ii	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 30, 30, 40, 40, 53, 6, 93, 90, 90, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Schedule D (Form 990) 2019

Namo	of the	organization
name	or the	organization

Employer identification number

Hum	NAVEL LA CO		82-5235150
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
Pa	TII Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
_	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		rusture included in (e)	
	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired		
u			
3	listed in the National Register		
5	year	seased, excinguished, or terminated by the o	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	n easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	ts that describes the
Dec	organization's accounting for conservation easements.		an Oinsilan Assats
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98	, 1	
	of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina	, ,	
h	If the organization elected, as permitted under FASB ASC 9		
D.	art, historical treasures, or other similar assets held for publi	· · ·	
	provide the following amounts relating to these items:		ance of public service,
	(i) Revenue included on 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 tre		
-	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1	C C	▶ \$
	Assets included in Form 990. Part X		► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Sche	dule D (Form 990) 2019 NAVEL L							32-52			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tre	easures, c	or Othe	r Simila	ar Asse	ts (contir	iued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			nange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				٦.,		1
Do	to be sold to raise funds rather than to be mathematical Arrange								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		hiany for c	ontribution	s or other as	sets not i	included				
ia	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>	100		
~			lio mig ti						Amount	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	kplanatio	n has been	provided on	Part XIII			<u></u>]
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	'Yes" on Fo							
		(a) Current year	(b) Pr	ior year	(c) Two year	s back (d) Three ye	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance			n oolumn (o					<u> </u>		
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	•	%	j, column (a)) neiù as.						
	Permanent endowment	%	70								
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administe	red for th	e organiz	ation			
	by:						e e gan i		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (• •	cumulate reciation	d	(d) Bool	k value	÷
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment									~ -	1 -
	Other				1,841.		2,29	16.		<u>9,5</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)					9,54	4 2 •

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	()		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (b)	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

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

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

NAVEL	LA	CO
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Schedule D (Form 990) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financial S		iue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	12.) Statements With Expe		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) Statements With Expe		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	12.) Statements With Expe , line 12a.	nses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	12.) Statements With Expe , line 12a.	nses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12.) Statements With Expe	nses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12.) Statements With Expe , line 12a. 2a	nses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12.) Statements With Expe , line 12a. 2a 2b	nses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12.) Statements With Expendents ', line 12a. ', line 12a.	nses per Return.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12.) Statements With Expe , line 12a. 2a 2b 2c 2d	5	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12.) Statements With Expe ', line 12a. 2a 2b 2c 2d	5 nses per Return. 1 2e	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12.) Statements With Expe ', line 12a. 2a 2b 2c 2d	5 nses per Return. 1 2e	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	12.) Statements With Expe , line 12a. 2a 2b 2c 2d 2d	5 nses per Return. 1 2e	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b	12.) Statements With Expe , line 12a. 2a 2b 2c 2d 2d	5 nses per Return. 1 2e	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12.) Statements With Expe , line 12a. 2a 2b 2c 2d 4a 4b	5 nses per Return. 1 2e 3	

Part XIII Supplemental Information.

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

Department of	D or 990-EZ) C	omplete if	the c	•	swere or Fori ich to	d "Yes n 990 Form	s" on Fe -EZ, Pa 990 or	orm 990, Par rt V, line 38a Form 990-E2	t IV, a or 4 Z.	line 25a, 25b, 2 10b.		, 28a,		ив No. 20 pen To	19 • Pub)
Internal Revent	e organization	-		www.irs.gov/Fo	orm99	U for II	nstruct	ions and the	late	st information.	Em	-	ident			mber
Part I	Excess Bene	AVEL			01(c)(3), sect	ion 501	(c)(4), and se	ectior	n 501(c)(29) orga			351 nly).	50		
1 (a) Nai	Complete if the c			wered "Yes" on Relationship bet person and o	ween o	disqua				Form 990-EZ, P scription of tran			Db.		Corre es	cted? No
sectio	the amount of tax i n 4958 the amount of tax,			-						-		► \$ ► \$				
Part II	Loans to and Complete if the c	organizatior	n ansv	wered "Yes" on	Form §	990-EZ	, Part V	r, line 38a or F	Form	990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on	
•) Name of ested person	(b) Relatio with organi	nship	(c) Purpose of loan	(d) Lo fron	an to or the zation?		Original pal amount	(f)	Balance due	defa) In ault?	(h) Ap by bo comm	ard or		/ritten ment?
	WENDELIN DFFER JOSE				To X X	From		3,094. 7,913.		3,094. 9,428.	Yes	No X X	Yes X X	No	Yes X X	No
	JFFER UUSE		11	WORKING				1,913.		9,420.			<u>л</u>		<u>л</u>	
										12,522.						
Total Part III	Grants or As			-						12, 322.						
(a) N	Complete if the c ame of interested p			vered "Yes" on (b) Relationship interested pers the organiza	betwe son an	en	(c	ne 27.) Amount of assistance		(d) Type assistan			• •) Purp assista		f
			+													

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

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	(e) Sharing of organization's revenues?	
				Yes	No	
					 	
					 	
					 	
					 	
					 	
					 	
					 	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JONAS WENDELIN KESSELER

(B) RELATIONSHIP WITH ORGANIZATION: BOARD CHAIR

(C) PURPOSE OF LOAN: WORKING CAPITAL

(A) NAME OF PERSON: KRISTOFFER JOSEFSSON

(B) RELATIONSHIP WITH ORGANIZATION: BOARD TREASURER

(C) PURPOSE OF LOAN: WORKING CAPITAL

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury 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.

2019 Open to Public Inspection

OMB No 1545-0047

NAVEL LA CO

Employer identification number 82 - 5235150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMMING, SPACE RESIDENCIES, FACILITIES AND SAPCE RENTAL AND

SERVICES, EDUCATIONAL PROGRAMS, AND RESEARCH, AND ALL OTHER ACTIVITIES

RELATED TO THE ABOVE MISSION.

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

LIKE-MINDED ORGANIZATIONS, COLLECTIVES, AND GROUPS.

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

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO THE FILING OF THE RETURN.

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

BOARD MEMBERS ARE REQUIRED ANNUALLY TO REVIEW AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT A BOARD MEMBER SHALL EXCUSE HIMSELF OR HERSELF FROM ANY VOTE UPON WHICH SUCH MEMBER, OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY, HAS A MATERIAL FINANCIAL INTEREST. PRIOR TO EACH VOTE ON ORGANIZATION MATTERS, BOARD MEMBERS ARE ASKED TO ABSTAIN AS APPROPRIATE BASED ON THE CONFLICT OF INTEREST POLICY.

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

932211 09-06-19

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HOLDS EXECUTIVE SESSIONS DURING THEIR PERIODIC MEETINGS AND DETAILS OF THOSE DISCUSSIONS ARE NOT INCLUDED IN THAT COMMITTEE'S MEETING MINUTES. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DISCUSSED IN EXECUTIVE SESSION DURING THE BUDGETING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NAVEL LA CO	Employer identification number 82-5235150
PROCESS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORMS 1023 AND 990S ARE AVAILABLE FOR	PUBLIC INFORMATION
UPON REQUEST AND ARE ALSO AVAILABLE ON THE GUIDESTAR NOT-	-FOR-PROFIT
WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZTION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	OF INTERST POLICY,
FINANCIAL STATEMENTS, AND OTHER PERTINENT DOCUMENTS AVAIL	LABLE TO THE PUBLIC
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONVERSION FROM CASH TO ACCRUAL BASIS	-1,147.
0-1-	dula O (Farma 000 ar 000 FZ) (0040)

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	JU PAGE IU	_						990	_						
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	CANON DIGITAL CAMERA	VARIOUS	SL	5.00		16	1,765.				1,765.	111.		353.	464.
2	EMPIRE CLEANING BURNISHER	VARIOUS	SL	5.00		16	1,463.				1,463.	273.		293.	566.
3	CENTRAL AIR CONDITION	VARIOUS	SL	10.00		16	8,613.				8,613.	405.		861.	1,266.
	* TOTAL 990 PAGE 10 DEPR						11,841.				11,841.	789.		1,507.	2,296.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone