

Form **990**

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)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **07/01, 2017**, and ending **06/30, 2018**

| | | | | | |
|--|--|--|--|---|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization LOS ANGELES CONSERVATION CORPS | | | D Employer identification number 95-4002138 | |
| | Doing Business As | | | E Telephone number (213) 362-9000 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | |
| | P.O. BOX 861658 | | City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90086-1658 | | |
| F Name and address of principal officer: WENDY ANN BUTTS P.O. BOX 861658 LOS ANGELES, CA 90086-1658 | | | G Gross receipts \$ 20,730,398. | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J Website: WWW.LACORPS.ORG | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1985 M State of legal domicile: CA | | |
| H(c) Group exemption number ▶ | | | | | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AT-RISK YOUTH WITH OPPORTUNITIES FOR SUCCESS THROUGH ENVIRONMENTALLY-FOCUSED PROJECTS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19. |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 901. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 125. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 4,860. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 18,578,190. | 18,702,208. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,754,061. | 1,789,806. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 34,778. | 35,338. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,017. | 23,833. |
| | | 20,370,046. | 20,551,185. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 89,790. | 528,454. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,644,775. | 11,875,628. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,864. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,414,677. | 7,597,552. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,149,242. | 20,001,634. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 220,804. | 549,551. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 11,980,130. | 11,446,274. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 5,040,108. | 3,956,701. |
| | 6,940,022. | 7,489,573. | |

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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 | | Date |
| | Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | STEPHANIE WILKINSON | | |
| | Firm's name ▶ HOLTHOUSE CARLIN & VAN TRIGT LLP | Firm's EIN ▶ 95-434526 | Check <input type="checkbox"/> if self-employed |
| | Firm's address ▶ 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361 | Phone no. 805-374-8555 | PTIN P01231617 |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE AT-RISK YOUNG ADULTS AND SCHOOL-AGED YOUTH WITH OPPORTUNITIES FOR SUCCESS THROUGH JOB SKILLS TRAINING, EDUCATION AND WORK EXPERIENCE WITH AN EMPHASIS ON CONSERVATION AND SERVICE PROJECTS THAT BENEFIT THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 14,451,082. including grants of \$ 528,454.) (Revenue \$ 1,780,450.) ATTACHMENT 1

4b (Code:) (Expenses \$ 2,259,784. including grants of \$) (Revenue \$ 9,952.) ATTACHMENT 2

4c (Code:) (Expenses \$ 33,690. including grants of \$) (Revenue \$ 0.) SPECIAL PROJECTS - FROM TIME TO TIME, THE CORPS WILL UNDERTAKE CERTAIN SPECIAL PROJECTS CONSISTING OF CONSERVATION-RELATED ACTIVITIES SPONSORED BY OUTSIDE AGENCIES AND LOCAL GOVERNMENTS.

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

4e Total program service expenses 16,744,556.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | 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 "Yes," complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: WENDY ANN BUTTS P.O. BOX 861658 LOS ANGELES, CA 90086-1658 213-362-9000

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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JIMMIE CHO PRESIDENT/CHAIR(UNTIL 06/2018) | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (2) RHONDA DIBACHI BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (3) ANNE FREIERMUTH TREASURER | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4) TONY GINGISS BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (5) RISA GREEN BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (6) HELANANN HIRSCH BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) BRYAN LEROY BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (8) BARBARA ROMERO BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) DANA S. TREISTER, ESQ. SECRETARY | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (10) CAROLINE WITICOFF BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) JULIE WAXMAN BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) DAWN WILSON BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) NICOLO RUSCONI BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) TERESA CISNEROS BURTON VICE CHAIR & CHAIR ELECT | 1.00 0. | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ALBERT CHAVEZ ----- BOARD MEMBER | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (16) SAMANTHA MARTINEZ ----- VICE CHAIR | 1.00 ----- 0. | X | | X | | | | 0. | 0. | 0. |
| (17) MERCEDES MORTON ----- CHAIR EMERITUS | 1.00 ----- 0. | X | | X | | | | 0. | 0. | 0. |
| (18) TOM EISENHAUER ----- BOARD MEMBER | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (19) GARY DUNN ----- BOARD MEMBER (UNTIL 06/2018) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (20) MICAH ALI ----- BOARD MEMBER (UNTIL 06/2018) | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (21) MARY LESLIE ----- BOARD MEMBER | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (22) MARISOL RODRIGUEZ ----- BOARD MEMBER | 1.00 ----- 0. | X | | | | | | 0. | 0. | 0. |
| (23) WENDY ANN BUTTS ----- CHIEF EXECUTIVE OFFICER | 40.00 ----- 0. | | | X | | | | 158,309. | 0. | 18. |
| (24) LLOYD WRIGHT ----- CHIEF FINANCIAL OFFICER | 40.00 ----- 0. | | | X | | | | 132,047. | 0. | 763. |
| (25) ELISA K. NETHERCOTT ----- COMPLIANCE OFFICER | 40.00 ----- 0. | | | | | X | | 106,157. | 0. | 5,315. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 744,734. | 0. | 45,969. |
| d Total (add lines 1b and 1c) | | | | | | | | 744,734. | 0. | 45,969. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |
| | | |

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) THOMAS B. SAVAGE ----- DEPUTY DIRECTOR | 40.00 ----- 0. | | | | | X | | 138,270. | 0. | 17,352. |
| (27) DALANA WALKER ----- DIRECTOR OF AFTER SCHOOL PRGM | 40.00 ----- 0. | | | | | X | | 108,581. | 0. | 17,874. |
| (28) ERICA BLODGETT ----- DEVELOPMENT DIRECTOR | 40.00 ----- 0. | | | | | X | | 101,370. | 0. | 4,647. |
| ----- | | | | | | | | | | |
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| ----- | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|--|----------------------|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 378,143. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) . . | 1e | 16,631,511. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 1,692,554. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 9,187. | | | | | |
| | h Total. Add lines 1a-1f | | | 18,702,208. | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a CONSERVATION CONTRACTS | | | 900099 | 1,622,276. | 1,622,276. | | | |
| b RECYCLING FEES | | | 900099 | 65,898. | 65,898. | | | |
| c SEALAB FEES | | | 900099 | 91,680. | 91,680. | | | |
| d AFTER SCHOOL PROGRAM | | | 900099 | 9,952. | 9,952. | | | |
| e _____ | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f | | | 1,789,806. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4 | | | 1,876. | | | 1,876. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0. | | | | |
| | 5 Royalties | | | 0. | | | | |
| | 6a Gross rents | | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | 0. | | | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | 9,366. | 148,570. | | |
| | | c Gain or (loss) | | | 9,187. | 115,287. | | |
| | d Net gain or (loss) | | | 179. | 33,283. | | | |
| | d Net gain or (loss) | | | | 33,462. | | 33,462. | |
| | 8a Gross income from fundraising events (not including \$ 378,143. of contributions reported on line 1c). See Part IV, line 18 | | | ATCH 5 | | | | |
| a | | | | 52,408. | | | | |
| b Less: direct expenses | | | | 52,408. | | | | |
| c Net income or (loss) from fundraising events. ATCH 6 | | | | 0. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | | |
| | a | | | | | | | |
| | b Less: direct expenses | | | | | | | |
| c Net income or (loss) from gaming activities | | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | | |
| | a | | | 2,527. | | | | |
| | b Less: cost of goods sold | | | 2,331. | | | | |
| c Net income or (loss) from sales of inventory | | | | 196. | 196. | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a OTHER INCOME | | | 900099 | 6,196. | | | 6,196. | |
| | b SEALAB MEMBERSHIP FEE | | 900099 | 400. | 400. | | | |
| | c INSURANCE CLAIM PAYMENTS | | 900099 | 17,041. | | | 17,041. | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 23,637. | | | | |
| 12 Total revenue. See instructions. | | | | 20,551,185. | 1,790,402. | | 58,575. | |

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 484,128. | 484,128. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 44,326. | 44,326. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 300,752. | 87,112. | 197,493. | 16,147. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 9,706,668. | 8,454,340. | 1,211,733. | 40,595. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 1,042,412. | 855,269. | 183,464. | 3,679. |
| 10 Payroll taxes | 825,796. | 711,989. | 109,596. | 4,211. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 10,000. | | 10,000. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,758,926. | 1,623,681. | 88,107. | 47,138. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 323,420. | 241,703. | 79,819. | 1,898. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 541,179. | 321,163. | 220,016. | |
| 17 Travel | 50,747. | 38,980. | 11,767. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 111,829. | 39,096. | 72,733. | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 856,660. | 334,020. | 522,640. | |
| 23 Insurance | 321,146. | 186,123. | 135,023. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a WORK PROGRAM MATERIALS | 1,940,297. | 1,940,297. | | |
| b TRANSPORTATION | 428,073. | 402,460. | 25,613. | |
| c WORKERS COMPENSATION | 667,145. | 658,245. | 8,578. | 322. |
| d SUPPORT SERVICES | 158,580. | 158,164. | 34. | 382. |
| e All other expenses | 429,550. | 163,460. | 263,598. | 2,492. |
| 25 Total functional expenses. Add lines 1 through 24e | 20,001,634. | 16,744,556. | 3,140,214. | 116,864. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 2,562,322. | 1 | 1,842,074. |
| | 2 Savings and temporary cash investments | 142,088. | 2 | 187,531. |
| | 3 Pledges and grants receivable, net | 13,000. | 3 | 27,000. |
| | 4 Accounts receivable, net | 3,767,291. | 4 | 3,394,626. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 189,722. | 9 | 154,349. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 12,183,700. | | |
| | b Less: accumulated depreciation | 10b 6,349,826. | 5,287,103. | 10c 5,833,874. |
| | 11 Investments - publicly traded securities | 0. | 11 | 0. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 18,604. | 15 | 6,820. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 11,980,130. | 16 | 11,446,274. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,186,789. | 17 | 1,930,413. |
| | 18 Grants payable | 0. | 18 | 376,633. |
| | 19 Deferred revenue | 0. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,256,797. | 23 | 240,202. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,596,522. | 25 | 1,409,453. |
| | 26 Total liabilities. Add lines 17 through 25 | 5,040,108. | 26 | 3,956,701. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,072,890. | 27 | 6,892,661. |
| | 28 Temporarily restricted net assets | 867,132. | 28 | 596,912. |
| | 29 Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 6,940,022. | 33 | 7,489,573. | |
| 34 Total liabilities and net assets/fund balances | 11,980,130. | 34 | 11,446,274. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20,551,185. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20,001,634. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 549,551. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,940,022. |
| 5 | Net unrealized gains (losses) on investments | 5 | 0. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,489,573. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

LOS ANGELES CONSERVATION CORPS

Employer identification number

95-4002138

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (99.75%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (99.71%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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? | 11 a | |
| b A family member of a person described in (a) above? | 11 b | |
| c 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 . | 11 c | |

Section 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 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 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 supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 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 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. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| <input type="checkbox"/> 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) 2017

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 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 organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL |
|--------------------------|---------------|----------------|---------------|---------------|----------------|----------------|
| OTHER INCOME | 3,091. | 19,483. | 2,599. | 3,315. | 6,196. | 34,684. |
| INSURANCE CLAIM PAYMENTS | | | | | 17,041. | 17,041. |
| TOTALS | <u>3,091.</u> | <u>19,483.</u> | <u>2,599.</u> | <u>3,315.</u> | <u>23,237.</u> | <u>51,725.</u> |

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

| | |
|--|---|
| Name of organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ | \$ 2,818,357. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ | \$ 1,840,308. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ | \$ 469,277. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ | \$ 1,527,532. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ | \$ 7,413,136. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ | \$ 814,539. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **LOS ANGELES CONSERVATION CORPS**

Employer identification number

95-4002138

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

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

Name of organization **LOS ANGELES CONSERVATION CORPS**

Employer identification number
95-4002138

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

LOS ANGELES CONSERVATION CORPS

95-4002138

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on SFAS 116 (ASC 958) regarding art, historical treasures, and other similar assets.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (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-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|------------|
| (1) Federal income taxes | | |
| (2) CAPITAL LEASE | 593,841. | |
| (3) ADVANCES ON CONTRACTS | 815,612. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | 1,409,453. |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 20,551,185.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 20,001,634.

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.

SEE PAGE 5

Multiple horizontal lines provided for supplemental information input.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC NO. 740, UNCERTAINTY IN INCOME TAXES (ASC 740), THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. DURING THE YEARS ENDED JUNE 30, 2018 AND 2017, THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|-----------|
| SPECIAL EVENTS EXPENSES | 52,408 |
| COST OF GOODS SOLD | 2,331 |
| TRANSFER OF FUNDS TO RUSSELL KANTOR NEXT STEPS FUND | (107,495) |
| | ----- |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | (52,756) |

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|--------|
| SPECIAL EVENTS EXPENSES | 52,408 |
| COST OF GOODS SOLD | 2,331 |
| | ----- |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 54,739 |

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF FUNDS TO RUSSELL KANTOR NEXT STEPS FUND 107,495

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization
LOS ANGELES CONSERVATION CORPS

Employer identification number
95-4002138

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------|---------------------------------|
| | | LUNCHEON | | | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 430,551. | | 430,551. |
| | 2 | Less: Contributions | 378,143. | | 378,143. |
| | 3 | Gross income (line 1 minus line 2), | 52,408. | | 52,408. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 325. | | 325. |
| | 7 | Food and beverages | 38,656. | | 38,656. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 13,427. | | 13,427. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LOS ANGELES CONSERVATION CORPS

Employer identification number

95-4002138

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) RUSSELL KANTOR NEXT STEPS FUND 360 SOUTH GRAND AVE., 25TH FLOOR | 47-5564556 | 501(C)(3) | 484,128. | | | | SCHOLARSHIPS |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

Schedule I (Form 990) (2017)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS FOR PAST AND CURRENT CORPSMEMBERS | 40. | 44,326. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

A STAFF PERSON IS DESIGNATED TO MONITOR THE DISTRIBUTION AND USE OF SCHOLARSHIP FUNDS. FUNDS ARE DISTRIBUTED ON A SEMI-ANNUAL BASIS. DISBURSEMENT OF THE SCHOLARSHIP IS DIVIDED EVENLY AMONG THE FALL AND SPRING SEMESTERS. TO MAINTAIN THEIR SCHOLARSHIP AWARD, THE SCHOLAR MUST DO THE FOLLOWING: 1) THE SCHOLAR MUST STAY ENROLLED AT LEAST PART-TIME (AT LEAST 6 UNITS) AT AN ACCREDITED POST-SECONDARY INSTITUTION; 2) MUST MAINTAIN A 2.0 GPA, AND 3) USE THE SCHOLARSHIP FOR THE APPROVED EXPENSES SUCH AS TUITION, ROOM AND BOARD, BOOKS, SCHOOL SUPPLIES, AND TRANSPORTATION COSTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LOS ANGELES CONSERVATION CORPS

Employer identification number

95-4002138

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2017

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|-------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | WENDY ANN BUTTS | (i) 153,160. | (ii) 0. | (iii) 5,149. | 0. | 18. | 158,327. | 0. |
| | CHIEF EXECUTIVE OFFICER | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | THOMAS B. SAVAGE | (i) 138,270. | (ii) 0. | (iii) 0. | 0. | 17,352. | 155,622. | 0. |
| | DEPUTY DIRECTOR | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 4 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 5 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 6 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 7 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 8 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 9 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 10 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 11 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 12 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 13 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 14 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 15 | | (i) | | | | | | |
| | | (ii) | | | | | | |
| 16 | | (i) | | | | | | |
| | | (ii) | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LOS ANGELES CONSERVATION CORPS

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-4002138

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

FORM 990 IS SENT TO THE FULL BOARD AND REVIEWED/APPROVED BY THE AUDIT
COMMITTEE. APPROVAL IS RECEIVED VIA EMAIL WITH COPIES OF EMAILS FILED
WITH BOARD COMMITTEE DOCUMENTATION.

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

ALL BOARD MEMBERS SIGN THE CORPS'S CODE OF ETHICS ONCE EACH YEAR WHICH
INCLUDES THE CONFLICT OF INTEREST POLICY, ALL STAFF SIGN IT ONCE EVERY
OTHER YEAR AND UNDERGO TRAINING ON THE CODE OF ETHICS AND CONFLICT OF
INTEREST POLICY. THE POLICY IS REVIEWED WITH BOARD AND STAFF DURING THAT
TIME OR SUBSEQUENT TRAINING. IF THERE IS A CONFLICT, THE INTERESTED PARTY
DISCLOSES IT AND REFRAINS FROM PARTICIPATING IN THE DISCUSSION, DECISION,
OR VOTE. THE COMPLIANCE OFFICER MONITORS THE POLICY.

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

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY THE BOARD OF
DIRECTORS AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE CORPS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY INCLUDED IN
CODE OF ETHICS, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AND
PROVIDED BY REQUEST. IN ADDITION, THE CORPS' BYLAWS, ARTICLES OF
INCORPORATION AND CODE OF ETHICS (INCLUDING THE CONFLICT OF INTEREST
POLICY, AND FORM 990) ARE POSTED ON THE CORPS' WEBSITE (WWW.LACORPS.ORG).

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CONSERVATION PROGRAMS - THE LOS ANGELES CONSERVATION CORPS

CONSERVATION PROGRAMS CONSIST OF TWO COMPONENTS: YOUNG ADULT CORPS, WHICH INCLUDES SEA LAB AND CLEAN & GREEN, AND CORPSMEMBER DEVELOPMENT.

YOUNG ADULT CORPS (SERVES YOUTH AGES 18 TO 24 AT SITES IN SOUTH, EAST AND NORTHEAST LOS ANGELES; COMPTON; THE SAN FERNANDO VALLEY; AND, INCLUDES SEA LAB): THE YOUNG ADULT CORPS PROVIDES PAID ON-THE-JOB TRAINING, A HIGH SCHOOL DIPLOMA PROGRAM AND CASE MANAGEMENT SERVICES TO APPROXIMATELY 450 CORPSMEMBERS EACH YEAR. CORPSMEMBERS EARN A WAGE WHILE PERFORMING BASIC THROUGH ADVANCED ENVIRONMENTAL SERVICE PROJECTS, SUCH AS HABITAT RESTORATION, TREE PLANTING AND URBAN FORESTRY, PARK AND TRAIL CONSTRUCTION, WATER-EFFICIENT LANDSCAPING, GRAFFITI REMOVAL, COMMUNITY GARDEN DEVELOPMENT, RECYCLING AND NATURAL DISASTER PREPARATION/RESPONSE. CORPSMEMBERS CAN ALSO PARTICIPATE IN HIGHLY SPECIALIZED JOB TRAINING PROGRAMS, INCLUDING THE ENVIRONMENTAL WORKFORCE DEVELOPMENT AND JOB TRAINING PROGRAM TO BECOME CERTIFIED IN HAZARDOUS WASTE REMOVAL OR OTHER VOCATIONAL PROGRAMS SUCH AS THE YOUTHBUILD JOB TRAINING PROGRAM TO RECEIVE HANDS-ON CONSTRUCTION EXPERIENCE.

SEA LAB (A PROGRAM WITHIN THE YOUNG ADULT CORPS THAT SERVES YOUTH AGES 18 TO 24): SEA LAB IS A HANDS-ON COASTAL SCIENCE EDUCATION CENTER OFFERING FREE AND LOW-COST PUBLIC PROGRAMS TO MORE THAN

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

ATTACHMENT 1 (CONT'D)

11,000 PEOPLE EACH YEAR. YOUNG ADULT CORPS CORPSMEMBERS, WHO ARE COLLEGE-AGED STUDENTS, AND LOCAL VOLUNTEERS ARE TRAINED TO LEAD THE PROGRAMS, INCLUDING COASTAL CLEAN-UPS AND NATURAL HABITAT RESTORATION PROJECTS. STAFF, CORPSMEMBERS AND VOLUNTEERS ALSO RESCUE MORE THAN 500 ANIMALS EACH YEAR FROM LOCAL POWER GENERATING STATIONS TO REHABILITATE THEM FOR RELEASE INTO THE OCEAN, OR TO USE IN SEA LAB'S EDUCATIONAL ACTIVITIES.

CLEAN & GREEN (SERVING YOUTH AGES 14 TO 21 FROM THE CORPS' SITE IN NORTHEAST LOS ANGELES): CLEAN & GREEN PROVIDES A YEAR-ROUND PAID JOB TRAINING PROGRAM THAT EMPLOYS APPROXIMATELY 200 MIDDLE AND HIGH SCHOOL STUDENTS AND HIGH SCHOOL GRADUATED (14 - 21 YEARS OLD) EACH YEAR TO WORK ON URBAN BEAUTIFICATION PROJECTS. STUDENTS LEARN RESPONSIBILITY BY DEVELOPING THEIR WORK AND STUDY HABITS WHILE EARNING A MUCH-NEEDED PAYCHECK THAT CONTRIBUTES TO THEIR HOUSEHOLDS.

CORPSMEMBER DEVELOPMENT PROGRAMS: CORPSMEMBER DEVELOPMENT PROGRAMS CONSIST OF TWO COMPONENTS: DEVELOPMENT/TRANSITION AND EDUCATION PROGRAMS.

DEVELOPMENT/TRANSITION PROGRAMS - CASE MANAGERS HELP CORPSMEMBERS ADDRESS THEIR PERSONAL, FAMILY AND OTHER ISSUES THAT HAVE PREVIOUSLY HAMPERED THEIR SUCCESS IN SCHOOL AND WORK. THESE OBSTACLES AND BARRIERS OFTEN INCLUDE: HOMELESSNESS OR RISK OF

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

ATTACHMENT 1 (CONT'D)

BEING HOMELESS; SUBSTANCE ABUSE; HEALTH NEEDS (MENTAL, PHYSICAL, DENTAL AND VISION); EMOTIONAL PROBLEMS (GRIEF COUNSELING, ANGER MANAGEMENT, CONFLICT RESOLUTION AND RACIAL/GENDER/SEXUAL ORIENTATION TOLERANCE); FAMILY ISSUES (UNITY, SUPERVISION, FAMILY CONFLICT, AND REUNIFICATION) AND TRANSPORTATION AND LEGAL ENTANGLEMENTS (CHILD SUPPORT, WARRANTS, TICKETS, AND PROBATION OR PAROLE ISSUES). CASE MANAGERS WORK WITH CORPSMEMBERS TO DEVELOP ROADMAPS AND PLAN OUT THE PRACTICAL STEPS THEY NEED TO TAKE TO ACHIEVE THEIR PERSONAL, EDUCATIONAL AND CAREER GOALS. ADDITIONAL SERVICES AVAILABLE TO CORPSMEMBERS INCLUDE INDIVIDUAL AND GROUP COUNSELING SERVICES, LIFE SKILLS WORKSHOPS, YOUTH MENTORING SERVICES AND OTHER COLLEGE/CAREER SERVICES THAT WILL HELP THEM SUCCESSFULLY EXIT THE CORPS INTO A JOB, POST-SECONDARY EDUCATION OR ADVANCED TRAINING. ALSO, ANY CORPSMEMBER WHO EXITS THE YOUNG ADULT CORPS IS TRACKED BY A CASE MANAGER FOR UP TO TWELVE MONTHS AND IS PROVIDED WITH THE NECESSARY FOLLOW-UP SERVICES TO ENSURE THEIR SUCCESS WITH FULL-TIME EMPLOYMENT AND, IF APPLICABLE, THEIR EDUCATIONAL AND/OR VOCATIONAL TRAINING ENDEAVORS.

EDUCATION PROGRAMS - LA CONSERVATION CORPS EDUCATION PROGRAM SERVES YOUTH AGES 18 TO 24 THROUGH A CHARTER SCHOOL PARTNERSHIP (LAEC). THE CORPS' EDUCATION PROGRAMS AT 2 LA SITES SERVE APPROXIMATELY 200 YOUTH WHO HAVE BEEN EXPELLED, DROPPED OUT OR NEVER EVEN STARTED HIGH SCHOOL. THESE YOUTH ARE GIVEN A SECOND CHANCE TO EARN A STATE-ACCREDITED HIGH SCHOOL DIPLOMA. ACADEMICS

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

ATTACHMENT 1 (CONT'D)

ARE COMPLEMENTED BY AN ENVIRONMENTAL EDUCATION CURRICULUM, EXPERIENTIAL LEARNING ACTIVITIES, COLLEGE PREPARATORY SERVICES, CAREER PREPARATION AND WORK READINESS SERVICES AND CASE MANAGEMENT. CORPS-ADMINISTERED COLLEGE AND VOCATIONAL SCHOLARSHIP OPPORTUNITIES ARE ALSO AVAILABLE THROUGH ANOTHER PARTNERSHIP AND BOTH IN-HOUSE AND OUTSIDE OPPORTUNITIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AFTERSCHOOL PROGRAM - THE AFTER SCHOOL PROGRAM (SERVING ELEMENTARY AND MIDDLE SCHOOL CHILDREN) PROVIDES HOMEWORK ASSISTANCE, ACADEMIC SUPPORT AND ENRICHMENT ALONG WITH RECREATION ACTIVITIES TO APPROXIMATELY 8,000 CHILDREN AT 17 LOS ANGELES UNIFIED SCHOOL DISTRICT CAMPUSES. ACADEMIC ENRICHMENT ACTIVITIES EMPHASIZE CONSERVATION, THE ENVIRONMENT, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. CHILDREN ALSO JOIN IN ART, MUSIC AND SPORTS ACTIVITIES, SERVE AS TEACHER AIDES AND PARTICIPATE IN ON-CAMPUS SERVICE-LEARNING PROJECTS TO FURTHER CONNECT THEIR CLASSROOMS TO THEIR DAILY LIVES. THE PROGRAM PROVIDES WORKING PARENTS IN LOW-INCOME COMMUNITIES WITH SAFE AND FREE SUPERVISION AND CARE FOR THEIR CHILDREN DURING THE HOURS AFTER SCHOOL WHEN CHILDREN THIS AGE MAY ENCOUNTER UNSAFE, UNSUPERVISED ACTIVITIES THAT LEAD TO POOR SCHOOL ATTENDANCE, RISKY BEHAVIORS AND LOW EDUCATIONAL ACHIEVEMENT.

| | |
|--|--|
| Name of the organization LOS ANGELES CONSERVATION CORPS | Employer identification number 95-4002138 |
|--|--|

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| TELACU CONSTRUCTION MANAGEMENT 604 N ECKHOFF STREET ORANGE, CA 92701 | CONSTRUCTION | 966,857. |

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|--------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| INTEREST INCOME | 1,873. | | | 1,873. |
| DIVIDEND INCOME | | 3. | | 3. |
| TOTALS | <u>1,876.</u> | | | <u>1,876.</u> |

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|-----------------|
| LUNCHEON | 378,143. |
| TOTAL | <u>378,143.</u> |

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------|---------------------|------------------------|-------------------|
| LUNCHEON | 52,408. | 52,408. | |
| TOTALS | <u>52,408.</u> | <u>52,408.</u> | |

Regulation Section 1.263(a)-3(n) - Election to Capitalize Repair and Maintenance Costs

Taxpayer Name: LOS ANGELES CONSERVATION CORPS

Taxpayer Address: P.O. BOX 861658, LOS ANGELES CA, 90086-1658

Taxpayer ID Number: 95-4002138

Year-End: 06/30/2018

Under IRC Regulation Section 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.