### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning $JUL \ 1$ , $2017$ and e	nding J	UN 30, 2018	
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Address change				
	Name change	Doing business as		38-3	722092
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  1714 W. SUNSET BOULEVARD	Room/suite	E Telephone numbe (213	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,835,908.
	Amende return	LOS ANGELES, CA 30020		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer:00ED ARQUIDED		for subordinates	? Yes X No
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)
		e: ► WWW.826LA.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year o	of formation: 2005 N	State of legal domicile: CA
Pa		Summary	DDOI	TDD0	IIMOD TAIG
9	1 E	Briefly describe the organization's mission or most significant activities: 826LA	PROV	IDES FREE T	UTORING,
ă	_	WRITING, AND OTHER EDUCATIONAL PROGRAMS F			
/er		Check this box if the organization discontinued its operations or dispose		ı	ssets. 
Ĝ				3	11
ø		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a)			33
iţie		otal number of individuals employed in calendar year 2017 (Fart V, line 2a)			1086
Activities & Governance		Total number of volunteers (estimate in necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			32,963.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			-84,609.
		tot amounted business taxable moone norm of the out 1, into 04		Prior Year	Current Year
ø.	8 (	Contributions and grants (Part VIII, line 1h)		1,589,925.	1,541,083.
Revenue		Program service revenue (Part VIII, line 2g)		73,600.	67,889.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,710.	14,116.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,381.	32,963.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,722,616.	1,656,051.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		1,033,141.	1,118,996.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хbе	b⊺	Total fundraising expenses (Part IX, column (D), line 25)   268,57	5.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		397,460.	
	18 ⊺	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,430,601.	
. (0		Revenue less expenses. Subtract line 18 from line 12		292,015.	27,750.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
ssel Bala	20 1	Total assets (Part X, line 16)		2,749,661.	2,783,331.
et Ind	21 7	Total liabilities (Part X, line 26)		81,088. 2,668,573.	87,008. 2,696,323.
	22 N	Net assets or fund balances. Subtract line 21 from line 20		2,000,373.	2,090,323.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the heet of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of whic			y knowledge and belief, it is
ii uo,	1	A Complete: Decide attent of property (earlier than entirely to below on an information of white	on propuror	That arry knowledge:	
Sigr	,	Signature of officer		Date	
Her		JOEL ARQUILLOS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JOHN BOVARD MIRON		if self-employ	P01358141
Prep	-	Firm's name ▶ QUIGLEY & MIRON	I	Firm's EIN	32-0530003
		Firm's address 3550 WILSHIRE BLVD., #1660			
		LOS ANGELES, CA 90010		Phone no. ( 2	13) 639-3550
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		•	Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 826LA IS DEDICATED TO SUPPORTING STUDENTS AGES 6 TO 18 WITH THEIR
	CREATIVE AND EXPOSITORY WRITING SKILLS AND TO HELPING TEACHERS INSPIRE
	THEIR STUDENTS TO WRITE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
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 \$ 319,898 · including grants of \$ ) (Revenue \$ 67,889 · )
	IN-SCHOOL SUPPORT: DURING THE ACADEMIC YEAR, 826LA BRINGS TEAMS OF
	VOLUNTEERS INTO LAUSD SCHOOLS WITH HIGH NEEDS. VOLUNTEERS PROVIDE
	ONE-ON-ONE ASSISTANCE TO STUDENTS, REDUCING THE ADULT-TO-STUDENT RATIO
	IN CLASSROOMS, THEREBY SUPPORTING BOTH STUDENTS AND TEACHERS. 826LA
	HELD 306 IN-CLASSROOM SESSIONS WITH 31 TEACHERS AT 17 SCHOOLS AROUND
	THE CITY. THIS RESULTED IN 2,081 MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATING IN 826LA'S UNIQUE ACADEMIC SUPPORT PROGRAMS, AN INCREASE
	FROM 1,943 STUDENTS LAST YEAR. ALL OF THE SCHOOLS THAT 826LA WORKED
	WITH THROUGH THE IN-SCHOOLS PROGRAM WERE TITLE I SCHOOLS.
	826LA'S IN-SCHOOLS PROGRAMS MADE AN IMPACT IN BOTH BREADTH AND DEPTH.
	AT MENDEZ HIGH SCHOOL IN BOYLE HEIGHTS, 826LA VOLUNTEERS WORKED WITH
4b	(Code: ) (Expenses \$ 487,593 • including grants of \$ ) (Revenue \$ )
	TUTORING: IN FISCAL YEAR 2018, 826LA PROVIDED AFTER-SCHOOL TUTORING TO
	162 ELEMENTARY SCHOOL STUDENTS AND EVENING TUTORING TO 91 MIDDLE AND HIGH SCHOOL STUDENTS. STUDENTS IN THE AFTER-SCHOOL TUTORING PROGRAM
	ATTEND TWO 1.5-HOUR SESSIONS PER DAY IN ECHO PARK OR TWO 3-HOUR
	SESSIONS PER WEEK IN MAR VISTA, GIVING STUDENTS SIX HOURS OF DEDICATED
	SUPPORT EACH WEEK. STUDENTS ATTEND 826LA'S EVENING TUTORING PROGRAM FOR
	TWO HOURS TWICE PER WEEK IN ECHO PARK AND MAR VISTA.
	THIS PAST YEAR, 826LA'S AVERAGE NUMBER OF STUDENTS IN TUTORING
	INCREASED, WITH 27.5 AVERAGE STUDENTS IN AFTER-SCHOOL TUTORING, AND 30 AVERAGE STUDENTS IN EVENING TUTORING, A SIGNIFICANT GAIN FROM THE
	AVERAGE STUDENTS IN EVENING TUTORING, A SIGNIFICANT GAIN FROM THE AVERAGES OF 24.5 AND 23, RESPECTIVELY, FROM TWO YEARS AGO.
<u>4</u> c	(Code: ) (Expenses \$ 202,085 • including grants of \$ ) (Revenue \$ )
	WORKSHOPS: 826LA OFFERED 96 EVENING AND WEEKEND WORKSHOPS THIS PAST
	YEAR, SERVING 1624 STUDENTS IN 328 SESSIONS TOTAL. THIS IS A 27%
	INCREASE IN THE NUMBER OF STUDENTS SERVED COMPARED TO LAST YEAR. THE
	WORKSHOPS PROGRAM PRODUCED 15 PUBLICATIONS, INCLUDING ISSUES OF 826LA'S
	STUDENT-WRITTEN NEWSPAPERS, THE GOOD TIMES AND VIVA MAR VISTA.
	THE ADDITION TO DECLIDE ONE ON ONE CUIDDODE FOR CHURENER THE MODECHORS
	IN ADDITION TO PROVIDING ONE-ON-ONE SUPPORT FOR STUDENTS IN WORKSHOPS, COMMUNITY VOLUNTEERS WORKED WITH 826LA TO DEVELOP AND LEAD WORKSHOP
	SESSIONS. TOPICS RANGED FROM VIRTUAL REALITY WORLD-BUILDING TO
	JOURNALISM TO STEM-BASED EXPERIMENTS. IN THE SPRING, 826LA PARTNERED
	WITH THE WEB SERIES CRITICAL ROLE TO CREATE A UNIQUE, THREE-PART
	WORKSHOP BASED ON THE POPULAR GAME DUNGEONS & DRAGONS. STUDENTS LEARNED
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 211, 218 • including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 1,220,794.

# Form 990 (2017) 826LA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-23	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19		

# Form 990 (2017) 8 2 6 LA Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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)2 If "Yes " complete Schedule R. Part V. line 2	35b		1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	งอม		$\vdash$
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
31	and that is treated as a partnership for fadoral income to recognize 15 "Voc " complete Cabadrila D. Port VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<del></del> -
50	Note. All Form 990 filers are required to complete Schedule O	38	х	1

## Form 990 (2017) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O Contains a response of note to any line in this Fart v					Ш			
			ا ما		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and resources are considered to the control of t								
_	(gambling) winnings to prize winners?	i	 I	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		33						
	filed for the calendar year ending with or within the year covered by this return	2a			Х				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned.			2b	21				
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X				
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	30					
<del>-</del> a	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x			
h	If "Yes," enter the name of the foreign country:	accou		Tu					
~	·	Accour	nts (FBAR)						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5a 5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices <sub>l</sub>	provided to the payor?	7a	X				
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	······		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е						
_				8					
9	Sponsoring organizations maintaining donor advised funds.			0-					
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b					
b 10	Section 501(c)(7) organizations. Enter:			90					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100	l						
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		(05:			
				Form	990	(2017)			

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						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
~	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion 211 one of the cooler 2 requests membered about pension not required by the member of cools.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	O DIAM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5								
·	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	X							
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶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)	availab	ole							
-	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	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:									
	826LA - (213) 413-3388									
	1714 W. SUNSET BLVD, LOS ANGELES, CA 90026									

Form 990 (2017) 826LA 38-3722092 Page **7** 

# 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.

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

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

(A)	(B) (C)							(D)	(F)	
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JODIE EVANS	1.00	x		x				0.	0.	0
PRESIDENT	1.00	^		Δ.				0.	0.	0.
(2) HENRY CHASE TREASURER	1.00	X		x				0.	0.	0.
(3) SUSAN KO, PH.D.	1.00	25						0.	0.	
SECRETARY		x		x				0.	0.	0.
(4) MATTHEW CHERNISS	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(5) TERENA THYNE EISNER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) SCOTT GINSBURG	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) CLAIRE HOFFMAN	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(8) CHRISTINE JAROUSH DIRECTOR	1.00	x						0.	0.	0.
(9) LOUIS LUCIDO	1.00	^						0.	0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(10) KRYSTYN MADRIGAL	1.00									
DIRECTOR		х						0.	0.	0.
(11) SARAH ROSENWALD VARET	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOEL ARQUILLOS	40.00									
EXECUTIVE DIRECTOR				Х				116,969.	0.	9,739.
		1								
		$\mathbf{I}$								
							$\vdash$			
		1								

Pai	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)			(F)	
	<b>(A)</b> Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	Es ar	ed of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organization		e tion ted
		iiile)	pul	sul	JJ0	Key	Hig	For						
			_											
			-											
			_											
			_											
	Sub-total  Total from continuation sheets to Part V								116,969.		0.		9,7	39.
	Total (add lines 1b and 1c)  Total number of individuals (including but n							<u> </u>	116,969.	0,000 of reportab	0.		9,7	
_	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sch	edul	e J t	for such individual			4		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	for s	uch	pers	son	·····	<u></u>		<u></u>	5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	sation	from	
	(A) Name and business	address	NO	ІИС	Ξ				(B) Description of s	services			C) ensatio	'n
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li 0	stec	a above) who received n	nore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 539,225. c Fundraising events d Related organizations 1d 67,750. e Government grants (contributions) f All other contributions, gifts, grants, and 934,108. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 1,541,083 h Total. Add lines 1a-1f ... Business Code 611710 67,889. 2 a CONTRACTED SERVICES 67,889. Program Service Revenue С f All other program service revenue ..... 67,889. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,116. 14,116. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 539,225. of contributions reported on line 1c). See Part IV, line 18 a 106, 232 Other b Less: direct expenses b 106,232. 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns a 106,588. and allowances 73,625. **b** Less: cost of goods sold 32,963. 32,963. **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 67,889. 32,963. 656,051. Total revenue. See instructions.

# Form 990 (2017) 826LA Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must co	molete column (A)	
Jecli	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,543.	89,280.	19,131.	19,132.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	822,390.	579,527.	77,680.	165,183.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,460.	4,660.	219.	581.
9	Other employee benefits	85,738.	59,594.	8,541.	17,603.
10	Payroll taxes	77,865.	54,824.	7,896.	15,145.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	58,475.	49,704.	2,924.	5,847.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	78,651.	66,854.	3,932.	7,865.
14	Information technology				
15	Royalties				
16	Occupancy	181,838.	154,562.	9,092.	18,184.
17	Travel	21,646.	18,399.	1,082.	2,165.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	60,000.	51,000.	3,000.	6,000.
22	Depreciation, depletion, and amortization	10,574.	8,988.	529.	1,057.
23	Insurance	12,586.	10,698.	629.	1,259.
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 0.)				
а	MISCELLANEOUS	53,362.	45,358.	2,668.	5,336.
b	OUTSIDE SERVICES	17,856.	15,177.	893.	1,786.
C	AMERICORP VISTA	14,317.	12,169.	716.	1,432.
d		,	, =	. = . •	,
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,628,301.	1,220,794.	138,932.	268,575.
26	Joint costs. Complete this line only if the organization	, -,	, -,	, = = = =	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2017) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			101,466.	1	220,663.
	2	Savings and temporary cash investments			2,167,391.	2	2,152,354.
	3	Pledges and grants receivable, net			376,911.	3	313,059.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			34,645.	8	31,117.
	9	Prepaid expenses and deferred charges			26,911.	9	33,664.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	306,557.			
	b	Less: accumulated depreciation		305,078.	12,053.	10c	1,479.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	20.004	14	20.005		
	15	Other assets. See Part IV, line 11	30,284.	15	30,995.		
	16	Total assets. Add lines 1 through 15 (must equ	2,749,661.	16	2,783,331.		
	17	Accounts payable and accrued expenses	79,533.	17	87,008.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		·	1,555.	05	<b>1</b>
	06	Schedule D			81,088.	25 26	87,008.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958			01,000.	20	07,000.
"		complete lines 27 through 29, and lines 33 an		k nere 🚩 🔼 and			
ĕ	27				2,374,143.	27	2 441 864.
Fund Balances	28	Unrestricted net assets Temporarily restricted net assets			294,430.	28	2,441,864. 254,459.
B	29	Democratic metaleted and see etc.			251/1500	29	231/1331
Ĕ	29	Organizations that do not follow SFAS 117 (A		R) check here		23	
		and complete lines 30 through 34.	oj, check here				
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		F		32	
Se	33	Total net assets or fund balances			2,668,573.	33	2,696,323.
	34	Total liabilities and net assets/fund balances			2,749,661.	34	2,783,331.
	<u> </u>	Star napintios and tiet assets/fully balances			_,,_,,	υt	,

Pa	rt 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	1,65					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62	8,3 7,7	<u>01.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	2,69	6,3	23.			
Pa	rt 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: Cash X Accrual 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?		. 2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

826LA 38-3722092 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,361,929.	1,162,976.	1,483,178.	1,589,925.	1,541,083.	7,139,091.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,361,929.	1,162,976.	1,483,178.	1,589,925.	1,541,083.	7,139,091.
	The portion of total contributions	, ,	. ,	, ,	, ,	, ,	<u> </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						780,019.
6	Public support. Subtract line 5 from line 4.						6,359,072.
	etion B. Total Support						.,,
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,361,929.	1,162,976.	1,483,178.	1,589,925.	1,541,083.	7,139,091.
	Gross income from interest,	_ / /				_ / · · - / · · · · ·	7
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,703.	937.	1,161.	4,710.	14,116.	32,627.
9	Net income from unrelated business	22,7000	3371		1,,100		32,02,0
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,843.	1,654.				3,497.
11		1,0131	1,0311				7,175,215.
12	Gross receipts from related activities,	ote (soo instruction	ne)			12	227,889.
13	First five years. If the Form 990 is for	•	,	I fourth or fifth ta		<u> </u>	
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		14	88.63 %
15	Public support percentage from 2016					15	84.32 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"		•	-	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
	atc roundation. If the organizatio	and not oneon a	JOA OIT III IE TO, TOA	, 100, 11a, 01 11b	, or look allo box a	and 300 matruotions	·

### 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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2014	(6) 2013	(u) 2010	(e) 2017	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<del>                                     </del>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							<del>                                     </del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						<del>                                     </del>
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						<del>                                     </del>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						<del>                                     </del>
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		+				_
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	······						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Al 1				504(-)(0)	
14	First five years. If the Form 990 is for	· ·	•		•		zation,
50	check this box and stop here ction C. Computation of Publi		rcentage				<b>P</b>
	-			l (f)		15	0/
	Public support percentage for 2017 (li					<del>                                     </del>	<u>%</u>
	Public support percentage from 2016 ction D. Computation of Inves					16	<u>%</u>
	•					147	0/
17							
18	3 Investment income percentage from 2016 Schedule A, Part III, line 17						
198							
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2016. If the						
20	line 18 is not more than 33 1/3%, che						
∠∪	Private foundation. If the organization	л иш пот спеск а	DOX OH IIITE 14, 19	a, or 190, check t	ing dox and see in:	อนนบนปีโจ้	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		4		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		'		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8		- Ju		
3c 4a 4b 4c 5a 5b 5c 6 7 8				
4a 4b 4c 5a 5b 5c 6 7 8		3b		
4a 4b 4c 5a 5b 5c 6 7 8		3c		
4b 4c 5a 5b 5c 6 7 8				
5a 5b 5c 6 7 8		4a		
5a 5b 5c 6 7 8				
5a 5b 5c 6 7 8		4b		
5a 5b 5c 6 7 8				
5a 5b 5c 6 7 8				
5a 5b 5c 6 7 8		4-		
5b 5c 6 7 8		4C		
5b 5c 6 7 8				
5b 5c 6 7 8				
5b 5c 6 7 8		_		
5c 6 7 8 9a		5a		
6 7 8		5b		
7 8 9a		5c		
7 8 9a				
7 8 9a				
7 8 9a				
9a		6		
9a				
9a		7		
9a		-		
		8		
		9a		
9b				
		9b		
90		00		
9c		90		
10a		10a		
10b		10h		
10b     n 990 or 990-EZ) 2017	n 9		90-EZ	2017

Pa	rt IV   Supporting Organizations (continued)			<u> </u>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
Ŀ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			<u> </u>
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	•		
	J		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		
Se	ction 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		
Se	ction 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 yea(see instructions)	)-		
a				
k				
C		tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	, , , , , , , , , , , , , , , , , , , ,			
	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		
r	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	O.L		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the expanization have the power to regularly appoint or cleat a majority of the officers, directors, or			
a		3a		
L	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	od .		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A					
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
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				
Sect	ion 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				
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see		
	instructions).			· 		

Schedule A (Form 990 or 990-EZ) 2017

	1 ype in Non-i unctionally integrated 309	(a)(o) Supporting Orga	arrizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	11 0		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	<del></del>	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	Excess distributions carryover, if any, to 2017			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years  Applied to 2017 distributable amount			
	• •			
<u> </u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
	·			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	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 <b>Part VI.</b> 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:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

826LA 38-3722092

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.					
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
Caution	: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Employer identification number

38-3722092

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) (d)	_		
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	_		
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)	_		
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)	_		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)	_		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_		
6	rumo, addi 000, dila Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

826LA

38-3722092

Part I	<b>Contributors</b> (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	
7		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$50,000 <b>.</b>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$31,150.	Person X Payroll	
(a) No.	(b)	(c) Total contributions	(d)	
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number

826LA 38-3722092

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
_   -  -		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -			
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—   -  -  -		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—   -  -  -		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_   -		 	

ame of organ	IIIZAUOII		Employer Identification flumber
26LA Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns <b>(a)</b> through <b>(e) and</b> the fol is, charitable, etc., contributions of \$1,000	38-3722092  bed in section 501(c)(7), (8), or (10) that total more than \$1,000  bllowing line entry. For organizations to less for the year. (Enter this info. once.)  \$\\$\\$\$\$
a) No.	Use duplicate copies of Part III if addition	al 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 g	
- - -	Transferee's name, address, a	nd 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
-	Transferee's name, address, a	(e) Transfer of g	gift  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
-  -  -			
	Transferee's name, address, a	(e) Transfer of g	gift  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
—   <del>-</del>			
	Transferee's name, address, a	(e) Transfer of g	gift  Relationship of transferor to transferee
-	,		
-			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

826LA

**Employer identification number** 38-3722092

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, li	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ed funds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area			
	Protection of natural habitat	Preservation of a cert	ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year ▶					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year			
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	ribes these items.				
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts					
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide			
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
h	Assets included in Form 990 Part Y					

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, o	r Other	Simila	r Asse	<b>ts</b> (continu	ed)
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):	check all that apply):							
а	Public exhibition	d	Loan or exc	change progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further	the organization	n's exem	pt purpo:	se in Parl	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical tre	asures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of the	he organization's c	collection?			$\square$	Yes	☐ No
Par	rt IV Escrow and Custodial Arrang							line 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributio	ns or other as:	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f						1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.				-				
	rt V Endowment Funds. Complete if								
	·	(a) Current year	(b) Prior year	(c) Two years			ars back	(e) Four y	ears back
1a	Beginning of year balance	, ,	, ,		<u> </u>	, ,		, ,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
	and programs  Administrative expenses								
_		nt year and balance	o (line 1 a column	(a)) hold as:					
2	Provide the estimated percentage of the curre	ent year end balanc		(a)) neid as:					
	Board designated or quasi-endowment	0/	_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c shou								
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administer	red for the	organiza	ation	[s.	<u> </u>
	by:								es No
	(i) unrelated organizations								
	(ii) related organizations								-
b	If "Yes" on line 3a(ii), are the related organizat			?				3b	
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	1							
	Description of property	(a) Cost or ot		t or other		umulated	d	(d) Book	value
		basis (investm	nent) basis	(other)	depre	eciation			
	Land								
	Buildings						_		450
С	Leasehold improvements	rovements 227,904. 226,425.			1	<u>,479.</u>			
d	Equipment			78,653.		78,65	3.		0.
	Other								4=5
[atal	Add lines to through to (Column (d) must be	ual Form 000 Port	Y column (R) line	100)				1	479.

Part VII Investments - Other Securities.				Transfer Tugo
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 B . W	" 4410 = 000		
Complete if the organization answered "Yes"	Description	, line 11d. See Form 990	, Part X, line 15.	(b) Book value
	Description			(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		m 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)			4	
(3)			_	
(4)			_	
(5)			-	
<u>(6)</u> (7)			-	
(8)			-	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide		ote to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions unde				
,				nedule D (Form 990) 2017

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. 1,656,051. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,656,051. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1.656. 5 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. 1,628,301. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,628,301. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 1,628,301. 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. PART X, LINE 2: ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2018. GENERALLY, 826LA'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

826LA					38-3722	092	
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							
(i) Name and address of individual or entity (fundraiser) (ii) Activity			(iii) Did undraiser ve custody control of tributions? (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				
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.							

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

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 TELL ME A MARATHON NONE (add col. (a) through STORY EVENT col. (c)) (event type) (total number) (event type) Revenue 45,002. 600,455. 645,457. 1 Gross receipts 501,082 38,143. 539,225. 2 Less: Contributions 99,373. 6,859. 106,232. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 99,373. 6,859. 106,232. 9 Other direct expenses ..... 106,232. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **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:

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2017 826LA 38	-372	<u> 209</u> 2	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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:			
	The organization's facility	13a	.	%
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
С	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			
47	Manadakon, aliabiila shi anas			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		] <b>v</b>	
	retain the state gaming license?		res	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
D-	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9	), 9b, 10	)b, 15b,

Schedule 0	G (Form 990 or 990-EZ)	826LA		38-3722092	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	mation (continued)			Ĭ

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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

826LA

Employer identification number 38-3722092

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EVERY STUDENT IN THE 11TH GRADE ON A HISTORY PROJECT BEFORE THE END OF THE SCHOOL YEAR. THE IN-SCHOOLS PROGRAM PUBLISHED FOUR WORKS THIS YEAR, AS WELL, INCLUDING WE ARE WHAT THEY ENVISIONED: EXPRESSIONS OF RESISTANCE, RESILIENCE, AND RE-IMAGINATION, WRITTEN BY 9TH GRADE STUDENTS IN THE CLASSES OF ROXANA DUEAS, EDUARDO LPEZ, AND JORGE LPEZ AT ROOSEVELT HIGH SCHOOL. USING THE THEMES OF RESISTANCE, RESILIENCE, AND RE-IMAGINATION, STUDENTS ANALYZED THE ROOT CAUSES OF OPPRESSION WHILE TAKING A CLOSER LOOK AT THEIR OWN IDENTITIES AND THEIR BOYLE HEIGHTS COMMUNITY. WE ARE WHAT THEY ENVISIONED EXPLORES HOW STUDENTS MUST NAVIGATE AND CARRY THE HISTORIES OF THEIR ANCESTORS AS THEY WALK TOWARDS THEIR OWN FUTURES. INSPIRED BY OCTAVIA BUTLER, TUPAC SHAKUR, KENDRICK LAMAR'S SONG DNA, AND THE CONCEPT OF BECOMING THEIR ANCESTORS' WILDEST DREAMS, THIS COLLECTION OF STUDENT WRITING REVEALS REFLECTIONS ON COLONIZATION IN THE PAST, THEIR FAMILY STRUGGLES AND SUCCESSES IN THE PRESENT, AND THE FUTURE OF THEIR OWN LEGACIES FOR THE NEXT SEVEN GENERATIONS.

EVALUATION: 97% OF STUDENTS WHO PARTICIPATED IN IN-SCHOOL PROGRAMS

REPORTED THAT 826LA TUTORS HELPED THEM IMPROVE THEIR WRITING; 84% OF

STUDENTS WHO PARTICIPATED IN IN-SCHOOL PROGRAMS REPORTED THAT THEY

COULD USE WHAT THEY LEARNED IN THE PROGRAM WITH OTHER WRITING

ASSIGNMENTS; 100% OF TEACHERS WHO RECEIVED IN-SCHOOL SUPPORT FOR THEIR

STUDENTS REPORTED THAT THEIR STUDENTS WERE CHALLENGED BY THE PROGRAM

AND LEARNED NEW THINGS ABOUT WRITING.

Name of the organization 826LA

Employer identification number 38-3722092

WRITERS' ROOM AT MANUAL ARTS HIGH SCHOOL: THE 826LA WRITERS' ROOM AT

MANUAL ARTS HIGH SCHOOL IN SOUTH LOS ANGELES IS 826LA'S FIRST

PERMANENT, ON-CAMPUS CLASSROOM. IN FISCAL YEAR 2018, 826LA WORKED WITH

59% OF STUDENTS AT MANUAL ARTS (864 STUDENTS OUT OF A 1,469 STUDENT

BODY), PROVIDING A WIDE VARIETY OF CREATIVE AND EXPOSITORY WRITING

WORKSHOPS AND COLLEGE ACCESS SUPPORT THROUGH ITS WRITERS' ROOM. THROUGH

STRATEGIC TEACHER PARTNERSHIPS, A DEDICATED VOLUNTEER PROGRAM, AND WITH

THE SUPPORT OF SERVICE LEARNERS, 826LA HELD 89 SESSIONS LAST YEAR,

INCLUDING PERSONAL STATEMENT AND SCHOLARSHIP ESSAY ASSISTANCE, ALONG

WITH CREATIVE WRITING AND PUBLISHING PROJECTS.

FROM THE MOMENT STUDENTS ENTER THE WRITERS' ROOM, THEY KNOW THAT THEY

ARE IN A CREATIVE SPACE. UNLIKE A TYPICAL CLASSROOM, THE WRITERS' ROOM

HAS COUCHES FOR READING AND CONVERSATION, BOOKSHELVES BRIMMING WITH

STUDENT-PENNED BOOKS, AND QUOTES FROM STUDENT AUTHORS DISPLAYED ON THE

WALLS LIKE ART. MOST IMPORTANTLY, IN EVERY SINGLE WRITERS' ROOM

SESSION, MANUAL ARTS STUDENTS SIT ALONGSIDE TRAINED VOLUNTEERS,

RECEIVING ONE-ON-ONE ATTENTION, FEEDBACK, AND ENCOURAGEMENT. AT THIS

TITLE I SCHOOL, WHERE 84% OR MORE OF STUDENTS QUALIFY FOR FREE OR

REDUCED LUNCH, THE ORGANIZATION'S WRITING AND TUTORING PROGRAMS SUPPORT

TEACHERS AND STUDENTS THROUGHOUT THE ACADEMIC YEAR. THIS PAST YEAR, 94%

OF COLLEGE-BOUND SENIORS GOING TO A FOUR-YEAR UNIVERSITY OR COMMUNITY

COLLEGE WORKED ON THEIR PERSONAL STATEMENT WITH A TUTOR IN THE WRITERS'

ROOM.

EVALUATION: 80% OF STUDENTS WHO WORKED WITH THE 826LA WRITERS' ROOM

REPORTED THAT THE 826LA TUTORS HELPED THEM INCREASE THEIR CONFIDENCE

ABOUT WRITING; 100% OF TEACHERS WHO PARTNERED WITH THE 826LA WRITERS'

Name of the organization 826LA Employer identification number 38-3722092

ROOM REPORTED THAT THE QUALITY OF THEIR STUDENTS' WRITING IMPROVED WITH THE HELP OF 826LA.

YOUNG AUTHORS' BOOK PROJECT: BY PUBLISHING STUDENT WRITING, 826LA

ENCOURAGES THOUSANDS OF YOUNG ANGELENOS TO DREAM BIG, WRITE FROM THEIR

HEART, AND NEVER STOP LEARNING. THE 2018 YOUNG AUTHORS' BOOK PROJECT

WAS WRITTEN BY 55 STUDENT AUTHORS FROM MR. AVIA'S 11TH GRADE U.S.

HISTORY CLASSES AT MANUAL ARTS HIGH SCHOOL. THROUGH THE SAME HALLS:

JOURNEYS OF ELDERS BORN AND RAISED IN SOUTH CENTRAL AND BEYOND IS AN

ANTHOLOGY IN WHICH STUDENTS REFLECT UPON THE LIVES OF THEIR ELDERS,

CAPTURING THE TRUE CULTURAL, ECONOMIC, AND HISTORICAL LANDSCAPES OF

THEIR HOMES IN SOUTH CENTRAL LA AND BEYOND.

LIVING IN COMMUNITIES THAT ARE OFTEN MISREPRESENTED AND MARGINALIZED,

THESE 55 STUDENTS-MADE UP OF BOTH RECENT IMMIGRANTS AND YOUTH BORN AND

RAISED IN LA-DOCUMENTED THE LIVES OF COMMUNITY MEMBERS AND WROTE THEIR

OWN HISTORIES AND FUTURES DURING AN IN-DEPTH, FOUR-MONTH EDITORIAL

PROCESS. 826LA PARTNERED WITH PHOTOGRAPHER STAR MONTANA AND LAS FOTOS

PROJECT FOR THE PORTRAITS AND PHOTOGRAPHS INCLUDED IN THE BOOK, AND

WITH AUTHOR AND FORMER MANUAL ARTS EDUCATOR, DONALD BAKEER, PROVIDING

THE FOREWORD.

EVALUATION: 86% OF STUDENTS REPORTED FEELING PROUD OF THEIR WRITING BY

THE END OF THE YOUNG AUTHORS' BOOK PROJECT, A 42% INCREASE FROM THE

START OF THE PROJECT; STUDENTS' SELF-REPORTED POSITIVE ATTITUDE TOWARD

WRITING INCREASED BY 20% BY THE END OF THE PROJECT (ROSE TO 82%).

Name of the organization 826LA

Employer identification number 38-3722092

WORKSHOPS THROUGHOUT THE YEAR, CULMINATING IN TWO MAJOR EVENTS: THE

GREAT LOS ANGELES PERSONAL STATEMENT WEEKEND (GLAPSW) IN NOVEMBER AND

SCHOLARSHIP DAY IN MARCH.

THIS YEAR AT GLAPSW, 826LA PROVIDED 180 HIGH SCHOOL SENIORS WITH FIVE
HOURS OF SUPPORT IN FINISHING THEIR COLLEGE APPLICATIONS. THE GLAPSW IN
NOVEMBER 2017 BOASTED THE HIGHEST NUMBER OF HOURS AVAILABLE FOR
STUDENTS EVER; SINCE 826LA'S FIRST GLAPSW, THE AMOUNT OF TIME STUDENTS
HAVE TO WORK WITH VOLUNTEER TUTORS HAS MORE THAN TRIPLED. SCHOLARSHIP
DAY, HELD AT MANUAL ARTS HIGH SCHOOL, HOSTED 70 STUDENTS FOR ONE-ON-ONE
SUPPORT IN APPLYING FOR COLLEGE SCHOLARSHIPS, MORE STUDENTS THAN EVER
BEFORE IN THE SIX-YEAR HISTORY OF THE EVENT. THIS PAST YEAR, 60% OF
MANUAL ARTS STUDENTS WHO WON COLLEGE SCHOLARSHIPS ATTENDED SCHOLARSHIP
DAY, AND EARNED \$169,000 IN SCHOLARSHIP AWARDS.

EVALUATION: 98% OF STUDENTS WHO PARTICIPATED IN 826LA'S PERSONAL

STATEMENT WEEKEND REPORTED THAT THEY RECEIVED HELP THAT THEY OTHERWISE

WOULDN'T HAVE RECEIVED; 99% OF STUDENTS WHO PARTICIPATED IN 826LA'S

PERSONAL STATEMENT WEEKEND REPORTED THAT THEY FELT MORE PREPARED TO

APPLY TO COLLEGE; 99% OF STUDENTS WHO PARTICIPATED IN 826LA'S PERSONAL

STATEMENT WEEKEND REPORTED THAT THEY FELT PROUD OF THEIR PERSONAL

STATEMENTS AFTER WORKING WITH AN 826LA TUTOR; 96% OF STUDENTS WHO

PARTICIPATED IN 826LA'S SCHOLARSHIP DAY REPORTED THAT THEY RECEIVED

HELP THAT THEY OTHERWISE WOULDN'T HAVE RECEIVED; 97% OF STUDENTS WHO

PARTICIPATED IN 826LA'S SCHOLARSHIP DAY REPORTED THAT THEY FELT MORE

PREPARED TO APPLY FOR SCHOLARSHIPS.

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ENGLISH LANGUAGE LEARNER SUMMER CAMP AND SUMMER WRITERS' WORKSHOP. IN

THE SUMMER OF 2017, 826LA WORKED WITH 125 STUDENTS DURING ELL CAMP, UP

FROM 115 STUDENTS IN 2016. ELL CAMP, AN INVENTIVE AND EXCITING CREATIVE

WRITING SUMMER CAMP FOR ELEMENTARY STUDENTS, RAN TWICE A DAY, FOUR

TIMES PER WEEK, FOR FOUR WEEKS IN JULY AND AUGUST. WITH THEMED WEEKS

AND LESSON PLANS DEVELOPED BY STAFF AND AMERICORPS SUMMER ASSOCIATES,

CAMPERS LEARNED ABOUT NATURE, FOOD, ART, AND STEM, AND THE CAMP

CULMINATED IN THE PUBLISHING OF TWO ANTHOLOGIES OF WRITING. DURING ART

WEEK, MATT FLECKENSTEIN, CREATOR AND EXECUTIVE PRODUCER OF

NICKELODEON'S NICKY, RICKY, DICKY & DAWN, VISITED ELL CAMP AND WORKED

WITH THE STUDENTS TO WRITE THEIR VERY OWN TELEVISION SHOW INSPIRED BY

THE CHARACTERS THEY HAD CREATED WHEN TOURING NICKELODEON STUDIOS, USING

THEIR ORIGINAL CHARACTERS INVENTED WITH THE HELP OF NICKELODEON

ILLUSTRATORS AND WRITERS.

MIDDLE AND HIGH SCHOOL STUDENTS GATHERED AT 826LA FOR AN IMMERSIVE

FIVE-DAY WORKSHOP ON THE POSSIBILITIES OF WHAT IT MEANS TO BE A WRITER.

IN THE SUMMER WRITERS' WORKSHOP, 30 STUDENTS ENGAGED IN WRITING

ACTIVITIES AND WORKSHOPS LED BY GUEST WRITERS, ARTISTS, AND 826LA STAFF

TO EXPLORE DIFFERENT FORMS OF WRITING. THE GOAL OF THE WEEK IS TO BUILD

STUDENTS' ABILITY TO TELL THEIR OWN STORIES, AS WELL AS THEIR

CONFIDENCE TO CALL THEMSELVES WRITERS. IN SUMMER 2017, GUEST TEACHERS

INCLUDED NEELA BANERJEE, ERIC STOLZE, DESTIN CRETTON, AND

XOCHITL-JULISA BERMEJO, WHO TALKED ABOUT THE IMPORTANCE OF HARNESSING

ONE'S ORIGIN STORIES, SHARING THEM WIDELY TO AN AUDIENCE, AND FINDING

AN INDIVIDUAL VOICE WITHIN A LARGER SHARED CULTURE. THE WORKSHOP

CULMINATED IN THE PUBLICATION OF TWO BOOKS FEATURING STUDENT-PENNED

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

IN ADDITION TO HOMEWORK AND READING SUPPORT, 826LA CONTINUED TO

PRIORITIZE WRITING IN ITS TUTORING PROGRAM, ENGAGING WITH STUDENTS

THROUGH ONE-OF-A-KIND PROJECTS. WORKING IN COLLABORATION WITH CARTOON

NETWORK, 826LA CREATED INCLUSION-THEMED WRITING PROMPTS FOR ELEMENTARY

AND MIDDLE SCHOOL TUTORING STUDENTS TO INSPIRE STORIES OF COMPASSION

AND UNDERSTANDING. THE STUDENTS' FICTION AND NONFICTION STORIES WERE

COMPILED INTO TWO ILLUSTRATED PUBLICATIONS AS PART OF CARTOON NETWORK'S

INCLUSION STORYTELLING PROJECT. A FRIEND THAT WILL NEVER BE CALLED

ENEMY AND SORRY! CAN WE BE FRIENDS? WERE RELEASED THIS WINTER AT

STANDING ROOM-ONLY RELEASE PARTIES.

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

HOW TO PLAY DUNGEONS & DRAGONS, CREATED THEIR OWN CHARACTERS, AND

PARTICIPATED IN ROLE-PLAYING ADVENTURES ALONG WITH OTHER STUDENTS AND

WITH SUPPORT FROM 826LA VOLUNTEERS AND THE CAST OF CRITICAL ROLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FIELD TRIPS: THIS PAST YEAR, 826LA HOSTED 195 FIELD TRIPS, BRINGING IN

4,922 STUDENTS FROM LOCAL SCHOOLS TO THE ORGANIZATION'S CENTERS IN ECHO

PARK AND MAR VISTA. OVER 210 TEACHERS FROM 58 DIFFERENT SCHOOLS AROUND

LOS ANGELES BROUGHT THEIR CLASSROOMS TO 826LA FOR HIGH-ENERGY MORNINGS

OF CREATIVE LEARNING.

A PERENNIAL FAVORITE, 826LA'S STORYTELLING & BOOKMAKING FIELD TRIP HAS ELEMENTARY-AGE STUDENTS COLLABORATE TO WRITE THE MOST ORIGINAL STORY IN

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THE WORLD, AT THE BEHEST OF THE BOOMING VOICE OF FICTIONAL PUBLISHER

MR./MRS. BARNACLE (PLAYED BY A VOLUNTEER ON A MICROPHONE). COMMUNITY

VOLUNTEERS GIVE THEIR TIME IN EACH AND EVERY FIELD TRIP, WORKING WITH

STUDENTS TO BUILD PLOT, TYPE UP THE STORY, AND CREATE REAL-TIME

ILLUSTRATIONS. IN THREE HOURS, STUDENTS BECOME PUBLISHED AUTHORS,

TAKING HOME THEIR OWN BOUND, ILLUSTRATED BOOK, COMPLETE WITH THEIR

ORIGINAL STORY, INDIVIDUAL ENDING, AND AUTHOR PHOTO.

826LA LAUNCHED A NEW STEM FIELD TRIP THIS YEAR, IN WHICH VISITING
GROUPS OF MIDDLE-SCHOOLERS EMBARK ON A JOURNEY TO SOLVE "THE TEN
THOUSAND YEAR PROBLEM." STUDENTS WORK THROUGH THE PROCESS OF DESIGNING
A PROTOTYPE AND BLUEPRINTS FOR AN INVENTION TO SOLVE A PROBLEM THEY
IDENTIFY OCCURRING 10,000 YEARS IN THE FUTURE. STUDENTS LEARN THE
IMPORTANCE OF ACCURATE COMMUNICATION IN VARIOUS FIELDS OF SCIENCE AND
TECHNOLOGY AND DEVELOP THEIR TECHNICAL WRITING, DESIGN, AND ENGINEERING
SKILLS.

EXPENSES \$ 211,218. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM UNDER THE DIRECTION OF 826LA'S EXECUTIVE DIRECTOR AND BOARD TREASURER. THE FORM 990 IS ALSO REVIEWED BY MEMBERS OF 826LA'S EXECUTIVE COMMITTEE AND DISTRIBUTED TO BOARD MEMBERS PRIOR TO ITS FILING.

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

826LA HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY TO IDENTIFY ANY

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARISING FROM TRANSACTIONS BY AND

BETWEEN 826LA AND ANY BOARD MEMBER, OFFICER, OR KEY EMPLOYEE. TO THE BEST

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OF ITS KNOWLEDGE, 826LA IS NOT A PARTY TO ANY SUCH RELATE	D PARTY
TRANSACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS CONSISTENT	WITH FAIR MARKET
VALUE, AS DETERMINED BASED ON THE REVIEW OF COMPENSATION	SURVEYS OF
COMPARABLE NONPROFIT ORGANIZATIONS AND THE EXPERIENCE OF	MANAGEMENT AND THE
BOARD OF DIRECTORS. THE COMPENSATION REVIEW DELIBERATION	AND DECISION
PROCESS IS SUBSTANTIATED IN BOARD MEETING MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
826LA'S ORGANIZATIONAL DOCUMENTS ARE AVAILABLE FOR REVIEW	UPON REQUEST. THE
DOCUMENTS INCLUDE THE CORPORATE BY-LAWS, THE ARTICLES OF	INCORPORATON, THE
IRS FORM 990 AND THE IRS FORM 1023 (APPLICATION FOR RECOG	NITION OF
EXEMPTION).	