50m 8879-FC

For cale

IRS e-file Signature Authorization for an Exempt Organization

			•			
ndar year 2016, or fiscal year beginning	${ t JUL}$	1	, 2016, and ending	JUN	30	, 20 1 5

2016

OMB No. 1545-1878

 Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number 38-3722092 826LA Name and title of officer JOEL AROUILLOS EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1b _____ 1, 722, 616. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) ________ **3b** ___ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5b _ 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize QUIGLEY & MIRON to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 96560190010 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature ► QUIGLEY & MIRON

** PUBLIC DISCLOSURE COPY **

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.

6 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Tax year beginning JUL 1, 2016 and ending JUN 30,

~ ·	01 111	e 2010 calendar year, or tax year beginning 000 1, 2010 and	enumy c	ON 30, 2017						
B c	Check if applicab	le: C Name of organization		D Employer identifi	cation number					
	_Addre	826LA]						
	Name chang			38-3722092						
	□Initial □return □Einal	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	•						
	Final return termir	n-		(213) 413-3388						
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,858,886.					
	return _Application	I DOS ANGEDES, CA 90020		H(a) Is this a group return						
	tion pendi	F Name and address of principal officer: JOEL ARQUILLOS SAME AS C ABOVE		for subordinates? Yes X No H(b) Are all subordinates included? Yes No						
		SAME AS C ABOVE	0	1						
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (te: ► WWW . 826LA . ORG	or 527	⊣ ′	list. (see instructions)					
JV	vebsi	f organization: X Corporation Trust Association Other ►	I Voor	of formation: 2005	on number ► M State of legal domicile: CA					
	art I	Summary	∟ Year	or formation: 4005	vi state of legal domicile; CA					
	1	Briefly describe the organization's mission or most significant activities: 826L	A PROV	/IDES FREE T	UTORING.					
Activities & Governance	Ι΄.	WRITING, AND OTHER EDUCATIONAL PROGRAMS	FOR CI	HILDREN.						
rna	2	Check this box if the organization discontinued its operations or dispose			ssets.					
ove	3	•		3	12					
α Ω	4	Number of independent voting members of the governing body (Part VI, line 1b)			12					
es (5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			36					
viti	6	Total number of volunteers (estimate if necessary)		6	1230					
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			54,381.					
_		Net unrelated business taxable income from Form 990-T, line 34			-50,009.					
				Prior Year	Current Year					
ne.	8	Contributions and grants (Part VIII, line 1h)		1,483,178.	1,589,925.					
ent	9	Program service revenue (Part VIII, line 2g)		54,100.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,161.						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,436.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,581,875.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 860,986.	0.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		860,986.	1,033,141.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 206, 9		0.	0.					
Exp				445,871.	307 460					
_		, , , , , , , , , , , , , , , , , , , ,		1,306,857.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		275,018.						
z S		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year					
ance	20	Total assets (Part X, line 16)	B	2,455,975.	2,749,661.					
Asst Balt	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		79,417.						
Net Assets or Fund Balances	21	Net assets or fund balances. Subtract line 21 from line 20		2,376,558.						
	art II									
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			, , ,					
Sigr	n	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						
Prep	parer	Firm's name ▶ QUIGLEY & MIRON		Firm's EIN ▶	32-0530003					
Use	Only	Firm's address 3550 WILSHIRE BLVD., #1660		_						
		LOS ANGELES, CA 90010		Phone no. (2						
Мау	/ the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No					

Pai	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 \$ 283,294 • including grants of \$) (Revenue \$ 73,600 •)
	IN-SCHOOL SUPPORT: IN-SCHOOL PROJECTSTHROUGH ITS IN-SCHOOL PROGRAMS,
	826LA CONTINUED ITS MISSION OF SUPPORTING STUDENTS WHILE INSPIRING
	TEACHERS. THE ORGANIZATION HELD 285 IN-CLASSROOM SESSIONS WITH 34
	TEACHERS AT 18 DIFFERENT SCHOOLS AROUND THE CITY. THIS RESULTED IN
	1,943 MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATING IN 826LA'S UNIQUE
	ACADEMIC SUPPORT PROGRAMS. SOME STUDENTS REVISED COLLEGE ESSAYS, SOME
	PUBLISHED COMMUNITY NEWSPAPERS OR CHAPBOOKSALL RECEIVED
	INDIVIDUALIZED SUPPORT AND ATTENTION FROM 826LA'S VOLUNTEER TUTORS.
	100% OF THE SCHOOLS THAT 826LA WORKED WITH THROUGH THE IN-SCHOOLS
	PROGRAM WERE TITLE I SCHOOLS, WHERE 41% OR MORE OF STUDENTS QUALIFIED
	FOR FREE OR REDUCED LUNCH.
	(FOR MORE PROGRAM ACCOMPLISHMENT DESCRIPTIONS, PLEASE SEE SCHEDULE O)
4b	(Code:) (Expenses \$ 447,607 • including grants of \$) (Revenue \$
	TUTORING: IN FISCAL YEAR 2017, 826LA PROVIDED AFTER-SCHOOL TUTORING TO
	160 REGISTERED ELEMENTARY SCHOOL STUDENTS AND EVENING TUTORING TO 87
	MIDDLE AND HIGH SCHOOL STUDENTS. THIS PAST YEAR, 826LA'S AVERAGE NUMBER
	OF STUDENTS IN TUTORING GREW, WITH 25.5 AVERAGE STUDENTS IN
	AFTER-SCHOOL TUTORING, AND 29.5 AVERAGE STUDENTS IN EVENING TUTORING,
	UP FROM LAST YEAR'S AVERAGES OF 24.5 AND 23, RESPECTIVELY. STUDENTS IN
	THE TUTORING PROGRAM RECEIVE ACADEMIC SUPPORT IN ALL SUBJECTS, HAVE
	DEDICATED READING TIME, AND WRITE DAILY. AT LEAST ONCE A SEMESTER,
	STUDENTS GO THROUGH A REVISION AND PUBLISHING PROCESS, EDITING WITH
	THEIR VOLUNTEER TUTORS AND VOTING AS A GROUP ON A NAME FOR THEIR
	CHAPBOOK.
	(FOR MORE PROGRAM ACCOMPLISHMENT DESCRIPTIONS, PLEASE SEE SCHEDULE O)
4c	(Code:) (Expenses \$ 182,508 • including grants of \$) (Revenue \$
	WORKSHOPS: 826LA OFFERED 80 EVENING AND WEEKEND WORKSHOPS THIS PAST
	YEAR, SERVING 1,276 STUDENTS IN 273 SESSIONS TOTAL. IN ADDITION TO
	PARTICIPATING DIRECTLY IN WORKSHOPS, COMMUNITY VOLUNTEERS WORKED WITH
	826LA TO DEVELOP AND LEAD SESSIONS IN JOURNALISM, POETRY, PHOTOGRAPHY,
	COLLEGE ACCESS, AND STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH).
	826LA ALSO CONTINUED ITS SUCCESSFUL SATURDAY MORNING ELEMENTARY-AGE
	READING PROGRAM, BARNACLE'S BOOKWORMS, WHICH PUBLISHED ITS INAUGURAL
	BOOK, "TOO MANY BLUE AVOCADOS." THE WORKSHOPS PROGRAM PUBLISHED AN
	ADDITIONAL 14 PUBLICATIONS, INCLUDING ISSUES OF THE "GOOD TIMES" AND
	"VIVA MAR VISTA" NEWSPAPERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 198,358 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,111,767.
	200

Form 990 (2016) 8 2 6 LA 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			
Ü	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			
7	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			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			177
	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,			3.7
	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		7.7	
	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,"			3.7
	complete Schedule G, Part III	19		X

Form 990 (2016) 8 2 6 LA Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	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		х
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	24a		х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		Х
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):			
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,			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	and that is treated as a partite only for rederal income tax purposes: if ites, complete schedule n, rait vi	31		├
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l

Part V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a response or note to any line in the Part V 1 1 1 1 1 1 1 1 1	Form	990 (2016) 826LA	38-3722	092	Р	age 5					
Series the number reported in Box 3 of Form 1096, Enter -0 if not applicable In						<u>ge -</u>					
to Enter the number reported in Box 3 of From 1098. Enter -0 if not applicable 10 10 10 10 10 10 10 1		Check if Schedule O contains a response or note to any line in this Part V									
to Enter the number reported in Box 3 of From 1098. Enter -0 if not applicable 10 10 10 10 10 10 10 1					Yes	No					
b Enter the number of Forms W.2G included in line 1a. Enter o If not applicable color bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year ecovered by this roturn 3 b If a least one is reported on line 2a, did the organization file all required dederal employment tax returns? 2 b If we calendar year ending with or within the year ecovered by this roturn 3 b Id the organization have unrelated businesses gross income of \$1,000 or more during the year? 3 b Id the organization have unrelated businesses gross income of \$1,000 or more during the year? 4 b If "Yes," and if filed a form 990 To for the year? "If "Ny," to file 98, provide an explanation in Schedule O 4 a Atary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a shank account, securities account, or other financial accounts (FBAR). 5 a Was the organization a parity to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and parity to a prohibited tax shelter transaction at any time during the tax year? 5 a D If "Yes," in line 6 an of 5t, did the organization file Form 8886-T? 6 a Does the organization have gross expects that are normally greates than \$100,000, and did the organization solution and party to a prohibited tax shelter transaction? 5 b If "Yes," of the organization has the account solutions an express statement that such contributions or gifts were not tax deductible? 7 organizations that ware not tax deductible as charitable contributions? 8 b If "Yes," of the organization network applied that were year in under section 170(c). 9 c If the organization relation and party to applied the organization network and party in a contrib	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 13								
c Did the organization comply with backup withholding rules for reportable garyments to vendors and reportable garming (gamthing) winnings to prize winners? 2a Etter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 3 trait east one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b If Yes, *has it filed a Form 990-T for this year? # No, *to file 3b, provide an explanation in Schedule O 3 b If Yes, *has it filed a Form 990-T for this year? # No, *to file 3b, provide an explanation in Schedule O 3 b If Yes, *to file of the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; 9 4 b If Yes, *to line 5a or 5b, did the organization that an interest in, or a signature or other authority over, a financial account; or interest in or a signature or other authority over, a financial account; or interest in or a signature or other authority over, a financial account; or interest in or a signature or other authority over, a financial account; or interest in or a signature or other authority over, a financial account; or other authority over, and the financial account; or other authority over, and the financial account; or other authority over, and the financial account; or other authority over an an authority over an autho	_		1b 0								
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					990	(2016)					

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			
	<u> </u>		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 12			
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			
Ü	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
1 a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
D		76		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21
8		0-	Х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		21
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
100	Did the expenientian have lead chanters branches as offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
С		12c	Х	
40	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13		14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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?	150	Х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
Ь	Other officers or key employees of the organization	IOD	21	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa		160		Х
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D	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	100		
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) is	availah	le	
.5	for public inspection. Indicate how you made these available. Check all that apply.	vallab		
	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	l finan	cial	
13	statements available to the public during the tax year.	a.	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_0	826LA - (213) 413-3388			
	1714 W SIINSET BLVD LOS ANGELES CA 90026			

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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.

Leck 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)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person		rson is both an irector/trustee)		h an	compensation	compensation	amount of
	week (list any	\vdash						from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JODIE EVANS	1.00		_		_		_			
PRESIDENT		Х		Х				0.	0.	0.
(2) HENRY CHASE	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) SUSAN KO, PH.D.	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MATTHEW CHERNISS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVE EGGERS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) TERENA THYNE EISNER	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(7) SCOTT GINSBURG	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(8) REBECCA GOLDMAN	1.00	٠,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(9) CLAIRE HOFFMAN	1.00	X						0.	0.	0.
(10) CHRISTINE JAROUSH	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(11) LOUIS LUCIDO	1.00							0.	0.	•
DIRECTOR	1.00	x						0.	0.	0.
(12) KRYSTYN MADRIGAL	1.00									
DIRECTOR		x						0.	0.	0.
(13) JOEL ARQUILLOS	40.00									
EXECUTIVE DIRECTOR		1		х				110,188.	0.	9,657.
_										, , , , ,
		L								

826LA

Pai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	<u>d Hi</u>	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Es	stimate	∍d
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	ו ו	an	nount	of
		week (list any	├		I	T	1	1	from	from related		other compensa C) from th		tion
		hours for	directo				_		the organization	organizations (W-2/1099-MIS				
		related	e or (stee			nsateo		(W-2/1099-MISC)	(** 2/ 1033 1/110	٥,		anizat	
		organizations	trust	al tru		yee	ompe						d relat	
		below	Individual trustee or director	Institutional trustee	e.	Key employee	lest co	ner				orga	anizati	ons
		line)	iģ .	Insti	Officer	Key	Highest compensated employee	虚						
			-											
			-											
			 											
			L											
			-											
			<u> </u>	_			_				-			
			-											
								L	110,188.		0.		9,6	<u> </u>
	Sub-total								0.		0.		9,0	0.
	Total from continuation sheets to Part V								110,188.		0.		9,6	
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but n							bo r	<u> </u>	000 of roportable			<i>J</i> , 0	<u> </u>
	compensation from the organization	iot iiiriited to ti	1036	ilott	ou a	DOV	e) wi	110 11	eceived more than \$100	,,000 of reportable				1
											ı		Yes	No
3	Did the organization list any former officer,	•			•	•	•		•					v
	line 1a? If "Yes," complete Schedule J for s										}	3		X
4	For any individual listed on line 1a, is the su	· · · · · · · · · · · · · · · · · · ·		-					· ·	the organization				Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for convices	}	4		$\overline{}$
3	rendered to the organization? If "Yes," com										- 1	5		Х
Sec	ction B. Independent Contractors	ipiete conedai	001	0, 0,	u OII	perc	3011							
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithir		year.				
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	ompe)	C) nsatio	n
								\dashv						
								_						
								\dashv						
	Total number of independent contractors (i	includina but n	not li	mite	ed to	tho	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organi						0		,					
												Form	990 (ž	2016)

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 396,098. c Fundraising events d Related organizations 1d 25,750. e Government grants (contributions) f All other contributions, gifts, grants, and $|_{1f}|_{1,168,077}$ similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,589,925. h Total. Add lines 1a-1f ... Business Code 611710 73,600. 2 a CONTRACTED SERVICES 73,600. Program Service Revenue С f All other program service revenue 73,600. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,710. 4,710. 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 \$ 396,098. of contributions reported on line 1c). See 82,852 Part IV, line 18 a Other 82,852. **b** Less: direct expenses 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|107,799and allowances 53,418 **b** Less: cost of goods sold 54,381. 54,381. 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 ,722,616. 73,600. 54,381. Total revenue. See instructions.

Form 990 (2016) 826LA Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	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	(D) 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	123,049.	86,135.	18,457.	18,457.
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	757,582.	573,073.	60,594.	123,915.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,416. 72,276.	6,230. 53,940.	368.	818.
9	Other employee benefits	72,276.	53,940.	6,146.	12,190.
10	Payroll taxes	72,818.	54,548.	6,488.	11,782.
11	Fees for services (non-employees):				
а	Management				
b	Legal	40.006	24 224	2 225	4 04 0
С	Accounting	40,096.	34,081.	2,005.	4,010.
d	Lobbying				
е	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	EE 402	47 002	2 770	E E 10
13	Office expenses	55,402.	47,092.	2,770.	5,540.
14	Information technology				
15	Royalties	154,488.	131,315.	7,724.	15,449.
16	Occupancy	6,096.	5,181.	305.	610.
17	Travel	0,000.	3,101.	303.	010.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings			+	
20					
21	Payments to affiliates	48,296.	41,051.	2,415.	4,830.
22	Depreciation, depletion, and amortization	10,574.	8,988.	529.	1,057.
23	Insurance	12,075.	10,264.	604.	1,207.
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	44,698.	37,993.	2,235.	4,470.
b	OUTSIDE SERVICES	21,985.	18,688.	1,099.	2,198.
С	AMERICORP VISTA	3,750.	3,188.	187.	375.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,430,601.	1,111,767.	111,926.	206,908.
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)				F 000 (0040)

Form 990 (2016) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			122,089.	1	101,466.
	2	Savings and temporary cash investments			1,979,689.	2	2,167,391.
	3	Pledges and grants receivable, net			250,727.	3	376,911.
	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					
		employers and sponsoring organizations of sect					
şţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			35,079.	8	34,645.
	9	Prepaid expenses and deferred charges			16,166.	9	26,911.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		306,557.			10.00
	b	Less: accumulated depreciation		294,504.	22,627.	10c	12,053.
	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	00 500	14	20.004		
	15	Other assets. See Part IV, line 11	29,598.	15	30,284.		
	16	Total assets. Add lines 1 through 15 (must equ	2,455,975.	16	2,749,661.		
	17	Accounts payable and accrued expenses	68,844.	17	79,533.		
	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					
Ħ		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		·	10,573.	0.5	1,555.
		Schedule D			79,417.	25	81,088.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			10,411.	26	01,000.
"		complete lines 27 through 29, and lines 33 an		k nere 21 and			
čě	27	_ · · · · · · · · · · · · · · · · · · ·			2,061,898.	27	2 374 143.
alan	28	Unrestricted net assets Temporarily restricted net assets			314,660.	28	2,374,143.
B	29	B	311,000	29	231/1301		
Fund Balances	29	Organizations that do not follow SFAS 117 (A		R) check here		23	
		and complete lines 30 through 34.					
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				32	
Se	33	Total net assets or fund balances			2,376,558.	33	2,668,573.
	34	Total liabilities and net assets/fund balances			2,455,975.	34	2,749,661.
	_ 				=,=50,5:00		= , : = , ; = = ;

Form **990** (2016)

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	1,72	2.6	16.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,43	0.6	01.		
3		3	29	2 0	$\frac{310}{15.}$		
4							
5		5	2,37	0,5	50•		
	Net unrealized gains (losses) on investments Donated services and use of facilities	6			-		
6							
7	Investment expenses	7			-		
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2 ((0 E	72		
D _a	column (B))	10	2,66	0,3	13.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	7 1		2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	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 separat	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 th	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						
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		Х		
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

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

826LA 38-3722092 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,047,889.	1,361,929.	1,162,976.	1,483,178.	1,589,925.	6,645,897.
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	1,047,889.	1,361,929.	1,162,976.	1,483,178.	1,589,925.	6,645,897.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,022,168.
	Public support. Subtract line 5 from line 4.						5,623,729.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,047,889.	1,361,929.	1,162,976.	1,483,178.	1,589,925.	6,645,897.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,947.	11,703.	937.	1,161.	4,710.	20,458.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,843.	1,654.			3,497.
11	Total support. Add lines 7 through 10						6,669,852.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	167,035.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
<u>C</u>	organization, check this box and stor	here					<u></u> ▶□
	ction C. Computation of Publ						04 20
14	Public support percentage for 2016 (14	84.32 %
15	Public support percentage from 2015					15	86.52 %
16a	33 1/3% support test - 2016. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	•				
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
•	******						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	L d fourth or fifth t	av vear as a sectio	n 501(c)(3) organi:	zation
•	check this box and stop here	· ·		, ,	•	()()	
Sec	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (fl)		15	%
	Public support percentage from 2015					16	<u> </u>
	ction D. Computation of Inves					1 .0 1	70
17						17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2016. If the						
.56	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundation in the organization	ala not oncon a	. ~ o n o n m o 14, 15	م, ت اتي , تا ا د د ا	DON AIR 300 III		

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.)

		Yes	No
	1		
	•		
	2		
3	a		
3	b		
3	С		
4	_		
4	а		
4	b		
4			
4	C		
5	а		
5	b		
	c		
,	3		
7	7		
8	3		
9	а		
9	b		
_			
9	C		
10)a		
10)b		
n 990 d	or 99	90-EZ)	2016

Pa	rt IV Supporting Organizations (continued)			.5
	cappointing organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		168	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations	110		
	tion B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	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	-		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	tion B. All Type in 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		163	140
•	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		
Sec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.	Ì	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI, the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	ly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	1 ype in Non-i unctionally integrated 505	(a)(o) oupporting orga	(continuea)	
Secti	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	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions carryover, if arry, to 2010.			
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
÷				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D,			
4	line 7:			
	Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
7	and 4c			
8	Breakdown of line 7:			
	DIEANGOWII OI IIIIE 7.			
a	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	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.)
	(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.

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

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	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not 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				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	nuie					
		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	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it mu	ust answer "No" on	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), 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 ne filing requirements of 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) (2016)

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		\$ 225,000. Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		\$ 150,000. 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		\$ 65,000. 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		\$ 50,854. 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	Trains, axis 555, una £11 T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	rame, address, and 2n + 4	\$\$	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		
9		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions \$	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		
14O.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number

826LA

38-3722092

Part II	Noncash Property (See instructions). Use duplicate copies of F	Fart II II additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	<u> </u>

Employer identification number

Name of organization

826LA 38-3722092 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

826LA

Employer identification number 38-3722092

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	increased all land and a barrafito		V N-
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	n 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 stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located ➤	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 17	, ,	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		• \$

	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, d	or Other	Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	on's exem	ot purpo:	se in Parl	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							•	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	ns or other as	sets not ir	cluded			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance		1c							
	Additions during the year						1d			
	Distributions during the year		1e							
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liability	/?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII				
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) Pi	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	t are held a	ınd administe	red for the	organiza	ation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	d	(d) Book v	alue
		basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements			22	7,904.	2:	17,17	2.		732.
	Equipment			7	8,653.		77,33	32.	1	,321.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			ightharpoonup	12	,053.

Schedule D (Form 990) 2016 826LA			38-372	2092 Page 3
Part VII Investments - Other Securities.				. age -
Complete if the organization answered "Yes"	on Form 990, Part IV	V, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year	market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-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.				
Complete if the organization answered "Yes"		V, line 11d. See Form 990,		
(a)	Description		(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part I\		1 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED LEASE INCENTIVE	1,555.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)▶	1,555.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	t VI Decemblistics of Devenue ser Audited Financial States	\A/:+la	Davianua nas D	-1	- raye
Par	Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			1,805,468.
1				1	1,005,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا			
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities				
	Recoveries of prior year grants		82,852.		
	Other (Describe in Part XIII.)			0-	82,852.
	Add lines 2a through 2d			2e 3	1,722,616.
3	Subtract line 2e from line 1			3	1,722,010
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45			
	Investment expenses not included on Form 990, Part VIII, line 7b	·			
	Other (Describe in Part XIII.) Add lines 4a and 4b			40	0.
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c 5	1,722,616.
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Staten				
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Lybelises bei	netu	111.
_	·			1	1,513,453.
_	Total expenses and losses per audited financial statements			-	1,313,433.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
	Donated services and use of facilities				
	Prior year adjustments				
	Other losses		82,852.		
	Other (Describe in Part XIII.)			0-	82,852.
	Add lines 2a through 2d			2e	1,430,601.
	Subtract line 2e from line 1			3	1,430,001
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
	Investment expenses not included on Form 990, Part VIII, line 7b	·· — —			
	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c	1,430,601.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	1,430,001
		4.157.15	and Obs. David V. Bara	4. Dt	V 1: 0. D+ VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional inform	nation.		
DZI	RT X, LINE 2:				
LAI	XI A, DINE Z.				
ልሮር	COUNTING STANDARDS REQUIRE AN ORGANIZATION	T TO EV	בד.זזביים דיים	πач	Y DOSTUTONS
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ΔΝΤ	O PROVIDE FOR A LIABILITY FOR ANY POSITION	и пинт	שחוווס אחיי	BE	CONSTDERED
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110	ONE BINEBI INAM NOT TO BE OTHERD ONDER A	IAN AU	IIIONIII EX	Аит	MATION.
M Z I	NAGEMENT HAS EVALUATED ITS TAX POSITIONS A	מער מעי	CONCLUDED	TIT:	አጥ አ
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PRO	JVISION FOR A TAX LIABILITY 15 NOT NECESSA	ARI AT	JUNE 30, Z	01/	•
าธง	TEDATIV 9761 A'C TNEODMANTON DENITONG DEMAT	N ODEN	EOD EVAMT	M M	TON MUDEE
لمت	NERALLY, 826LA'S INFORMATION RETURNS REMAI	TM OREM	LOK EYWMI	MA.I.	TON LUKEE
/ Err	TOPONT OD POTTO / CONNED OF CALTRODATIA VEAT	C EDOM	שתה ביצשה	∩ E '	DTT TNIC
([EDERAL) OR FOUR (STATE OF CALIFORNIA) YEAF	O FKUM	IDE DATE	OF .	L THTING •
י ג ס	OM VI IINE ON _ OMUED ANTICOMARAGO.				
CAL	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
אדדים	NDRAISING EVENT RELATED EXPENSE				82,852.
r OI	ADVATOTING EAGINT VEHATEN EVLENGE				04,034.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization

Employer identification number 38-3722092

Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(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 or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

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 LET'S DO THE NONE (add col. (a) through STORY TIME WARP col. (c)) (event type) (event type) (total number) Revenue 478,950. 1 Gross receipts 453,300. 25,650. 374,814 21,284. 396,098. 2 Less: Contributions 4,366. 78,486. 82,852. 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 4,366. 78,486. 82,852. 9 Other direct expenses 82,852. 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 (a) Bingo (c) Other gaming Revenue 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) 2016 826LA 38	<u>-3722</u>	<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		%
	o 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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			·
-	organization's own exempt activities during the tax year > \$	•		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	II lines 9	9h 10)h 15h
. u	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		, 55, 10	, 10b,

Schedule G	G (Form 990 or 990-EZ)	826LA		38-37220	192	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				

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.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

826LA

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

Employer identification number 38-3722092

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN-SCHOOL SUPPORT (CONTINUATION): THE SPRING SEMESTER PROVIDED EXCITING IN-SCHOOL OPPORTUNITIES FOR BOTH STUDENTS AND VOLUNTEERS. AT ROOSEVELT HIGH SCHOOL, VOLUNTEERS SPENT FIVE WEEKS WORKING WITH DEBORAH CHAPMAN'S ENGLISH LANGUAGE DEVELOPMENT STUDENTS, WHO WROTE AN ARGUMENTATIVE ESSAY "ROMEO AND JULIET." AFTER WATCHING SEVERAL VERSIONS OF THE PLAY AND READING THE TEXT, STUDENTS CHOSE WHO THEY THOUGHT WAS TO BLAME FOR ROMEO AND JULIET'S DEATHS AND WORKED WITH 826LA VOLUNTEERS TO WRITE AN ESSAY CONTAINING SPECIFIC EVIDENCE FOR THEIR ARGUMENTS. ACROSS THE CITY AT VENICE HIGH SCHOOL, 826LA PARTNERED WITH SETH BUCCIERI'S AP WORLD HISTORY CLASS AND WORKED WITH STUDENTS TO WRITE RESEARCH-DRIVEN ARTICLES ON A CURRENT CONTROVERSIAL HUMAN RIGHTS ISSUE OF THEIR CHOICE. SUPPORTED BY VOLUNTEERS, STUDENTS REFLECTED ON WHY THIS ISSUE MATTERED TO THEM AND WHY IT SHOULD MATTER TO THE GENERAL PUBLIC; RESEARCHED HISTORICAL CONNECTIONS BETWEEN CURRENT AND HISTORICAL INCARNATIONS OF THE ISSUE; AND ANALYZED WHAT IS BEING DONE TO RESOLVE THE ISSUE AND/OR PRESENTED A SOLUTION. THEIR FINISHED ARTICLES WERE PUBLISHED IN A BOOK PRODUCED BY 826LA ENTITLED "WE GOT ISSUES: STUDENT EXPLORATIONS OF HUMAN RIGHTS."

WRITERS' ROOM AT MANUAL ARTS HIGH SCHOOL--826LA'S FIRST WRITERS' ROOM CONTINUED ITS SUCCESS THIS PAST YEAR BY SERVING 792 STUDENTS AND WORKING WITH 12 TEACHERS THROUGHOUT THE HIGH SCHOOL. STUDENTS WORKING WITH THE WRITERS' ROOM AT MANUAL ARTS HIGH SCHOOL ALSO BECAME PUBLISHED AUTHORS, WRITING TWO CHAPBOOKS: "RHYTHM RUNS THROUGH OUR VEINS" AND "NO TRAFFIC IN SPACE." CRIS AVI A, WHO TEACHES MEXICAN-AMERICAN HISTORY AT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number 826LA 38-3722092

MANUAL ARTS HIGH SCHOOL, WORKED WITH THE WRITERS' ROOM TO CREATE "RHYTHM RUNS THROUGH MY VEINS," AN EXPLORATION OF THE STUDENTS' RICH HISTORY AND CULTURAL HERITAGE. STUDENTS IN MR. AVI A'S CLASSES WROTE ABOUT THEIR CULTURAL ROOTS AND IDENTITY IN THIS PROJECT AFTER READING POETRY BY CORKY RODRIGUEZ, AN ARTICLE BY CHEECH MARIN, AND A VIGNETTE BY SANDRA CISNEROS. IN A POST-PROJECT INTERVIEW, MR. AVI A CONFIRMED THE IMPORTANCE OF 826LA'S LITERACY WORK: "WRITING IS IMPORTANT BECAUSE IT IS A CRITICAL MEANS OF EXPRESSION. COMMUNICATION IS A VITAL PART OF HUMAN INTERACTION AND CONNECTION. AND WRITTEN COMMUNICATION IS ONE OF THE MOST USED FORMS OF COMMUNICATIONS. IT'S USED DAILY. WRITING IS A TOOL THEY WILL USE FOR THE REST FOR THEIR LIVES. AND IT HELPS ME TO CONNECT WITH THEIR SOULS, THEIR PSYCHES. THEY WILL WRITE MORE ON A PIECE OF PAPER THAN [THEY WILL SAY] IN PERSON. THROUGH WRITING, THEY CAN BE MORE INTIMATE." THE WORKSHOPS PROGRAM OFFERED AMPLE OPPORTUNITIES FOR PARTNERSHIPS. THIS SPRING, ONE POPULAR PROJECT TEAMED UP STUDENTS WITH EMPLOYEES FROM THE VIRTUAL REALITY ENTERTAINMENT COMPANY VRSCOUT TO CREATE A SPECIAL VIRTUAL REALITY (VR) WORKSHOP LED BY 826LA VOLUNTEER CARLY CHEVALIER. IN A 360 VIRTUAL SPACE, STUDENTS TRANSFORMED INTO ALIENS AND INTERACTED WITH OTHER CHARACTERS IN SETTINGS SUCH AS A PREVIOUSLY UNEXPLORED PLANET, AN AIRPLANE, AND EVEN AN OPERATING ROOM. FINALLY, THEY WROTE THEIR VERY OWN VIRTUAL REALITY STORY THAT WAS THEN DESIGNED BY AN ON-SITE VRSCOUT ARTIST.

COLLEGE ACCESS--THIS YEAR, 826LA BEGAN A PARTNERSHIP WITH THE LAUSD

INITIATIVE GEAR UP 4 LA, TO TRAIN TEACHERS AND COUNSELORS IN 826LA'S

PEDAGOGY FOR HELPING STUDENTS WRITE PERSONAL STATEMENTS FOR COLLEGE

ADMISSION. IN ADDITION TO THE 1,000 STUDENTS 826LA REACHED DIRECTLY

THROUGH COLLEGE ACCESS PROGRAMMING THIS YEAR, THESE TRAININGS ALLOWED

Name of the organization

826LA

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AN ADDITIONAL 13,000+ STUDENTS TO BENEFIT FROM 826LA'S PROVEN APPROACH

TO CRAFTING ONE OF THE MOST IMPORTANT COMPONENTS OF THE COLLEGE

APPLICATION. ON NOVEMBER 12 AND 13, 2016, 826LA HELPED 162 HIGH SCHOOL

SENIORS COMPLETE THEIR COLLEGE APPLICATIONS TO UNIVERSITY OF CALIFORNIA

CAMPUSES. THIS WEEKEND EVENT, 826LA'S SEVENTH ANNUAL GREAT LOS ANGELES

PERSONAL STATEMENT WEEKEND, IS THE LARGEST IN THE ORGANIZATION'S

YEAR-ROUND COLLEGE ACCESS PROGRAMMING. AFTER PARTICIPATING IN THE 2016

PERSONAL STATEMENT WEEKEND, 12TH GRADER DEMANI SAID, "I'M GLAD THAT

EVERYONE IN THIS ROOM EXISTS. THAT THEY'VE TAKEN TIME OUT OF THEIR

SCHEDULES TO HELP ME GET TO WHERE THEY ARE."

YOUNG AUTHORS' BOOK PROJECT--IN THE SPRING SEMESTER, STUDENTS AT ALAIN LEROY LOCKE HIGH SCHOOL IN SOUTH LOS ANGELES WORKED ON 826LA'S YOUNG AUTHORS' BOOK PROJECT. THEIR PUBLICATION, "WHEN THE MOON IS UP," INCLUDES STORIES, ESSAYS, AND INTERVIEWS FROM YOUNG PEOPLE IN SOUTH L.A. WRITTEN IN COMMEMORATION OF THE 25TH ANNIVERSARY OF THE 1992 L.A. UPRISINGS AND THE 50TH ANNIVERSARY OF LOCKE HIGH SCHOOL'S FOUNDING, THE BOOK IS ABOUT THEIR LIVES IN AND JOURNEYS TO L.A., REFLECTING THE CITY'S MANY CULTURES AND DIMENSIONS. IN THESE PAGES, 61 STUDENTS FROM LOCKE HIGH SCHOOL DEPICT THE MODERN LIVES OF YOUTH IN STORIES ABOUT RESPONSIBILITY, FAMILY, LOSS, COURAGE, AND FAVORITE PAIRS OF SNEAKERS. THEIR WORK ILLUMINATES THEIR NEIGHBORHOODS, HOME COUNTRIES, AND LOS ANGELES, CHALLENGING ASSUMPTIONS ABOUT THESE PLACES. "WHEN THE MOON IS UP" WAS RELEASED IN MAY 2017 AND FEATURES A LESSON PLAN ON FACILITATING DIFFICULT CLASSROOM CONVERSATIONS, STUDENT INTERVIEWS WITH COMMUNITY LEADERS VICTORIA BROWN, SAM JOO, KATHERINE KIM, ROSE SALSEDA, AND AQEELA SHERRILLS, AND A FOREWORD WRITTEN BY AUTHOR AND JOURNALIST H CTOR TOBAR. FROM THE FOREWORD BY H CTOR TOBAR: "IN YOUR BOOK, YOU HAVE

Name of the organization 826LA

Employer identification number 38-3722092

TACKLED ONE OF THE BIGGEST EVENTS THIS BIG CITY HAS EVER SEEN. THE DAYS

IN 1992 WHEN THE CITY BURNED AND SEETHED, AND THE AFTERMATH OF THOSE

EVENTS. I LIVED THROUGH THAT 'UPRISING,' THAT 'RIOT,' OR AS THE

SPANISH-SPEAKERS OF THE DAY CALLED IT, 'LOS QUEMAZONES,' THE GREAT

BURNING. I DREAMED THEN OF A KINDER, MORE JUST CITY--A PLACE WHERE

YOUNG PEOPLE BELIEVED THAT WORDS AND IDEAS COULD BE AS POWERFUL AS

ROCKS, GUNFIRE, AND FLAMES. NOW THAT DAY HAS ARRIVED."

SUMMER PROGRAMMING--OVER THE SUMMER, 826LA HOSTED ITS ANNUAL ENGLISH

LANGUAGE LEARNER SUMMER CAMP, AN INVENTIVE AND EXCITING CREATIVE

WRITING SUMMER DAY CAMP FOR ELEMENTARY STUDENTS. HELD AT BOTH OF

826LA'S CENTERS, THE ORGANIZATION SERVED 115 STUDENTS. WITH THEMED

WEEKS AND LESSON PLANS DEVELOPED BY STAFF AND AMERICORPS SUMMER

ASSOCIATES, CAMPERS LEARNED ABOUT NATURE, FOOD, ARTS AND CULTURE, AND

STEM SUBJECTS. STUDENTS WROTE AND PUBLISHED TWO ANTHOLOGIES OF STORIES

FROM CAMP, AS WELL AS A DICTIONARY FILLED WITH THEIR OWN DEFINITIONS OF

COMMON (AND NOT-SO-COMMON) WORDS. MIDDLE AND HIGH SCHOOL STUDENTS WERE

INVOLVED IN 826LA'S SUMMER WRITERS' WORKSHOP. IN THIS INTENSIVE

FIVE-DAY WORKSHOP, STUDENTS EXAMINED WHAT MAKES WORDS PERFORM, WHAT IT

MEANS TO SPEAK AND EMBODY TEXT, AND WHAT THEY CAN DO TO HARNESS THEIR

PERSONAL HISTORIES, IDENTITIES, AND VOICES. STUDENTS FOCUSED ON THE

THEMES OF IDENTITY, RESILIENCE, AND LIBERATION.

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

TUTORING (CONTINUATION): THIS YEAR, 826LA PUBLISHED 10 BOOKS IN ITS

TUTORING PROGRAM, ALL OF WHICH WERE CELEBRATED AT EVENTS WHERE STUDENTS

READ THEIR PIECES IN FRONT OF A PACKED HOUSE. IN ADDITION TO THEIR

CHAPBOOK, STUDENTS IN MAR VISTA'S EVENING TUTORING PROGRAM PUBLISHED A

Name of the organization

826LA

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STUDENT-CREATED MAGAZINE, AND DEVELOPED AND PRODUCED THEIR OWN PODCAST, WHICH WAS RELEASED IN MAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FIELD TRIPS: THIS PAST YEAR, 826LA HELD 190 FIELD TRIPS, BRINGING IN 4,736 STUDENTS FROM LOCAL SCHOOLS. THE FIELD TRIPS PROGRAM PARTNERED WITH 195 TEACHERS AT 57 DIFFERENT SCHOOLS AROUND THE CITY, AND CONTINUED TO PRIORITIZE PARTNERSHIPS WITH TITLE I SCHOOLS, WHERE 41% OR MORE OF STUDENTS QUALIFIED FOR FREE OR REDUCED LUNCH. THE MOST POPULAR FIELD TRIP WAS STORYTELLING & BOOKMAKING, A PROGRAM WHERE ELEMENTARY-AGE STUDENTS COLLABORATE TO WRITE THE MOST ORIGINAL STORY IN THE WORLD, AFTER THE BOOMING VOICE OF FICTIONAL PUBLISHER MR./MRS. BARNACLE (A CHARACTER PLAYED BY A HIDDEN VOLUNTEER ON A MICROPHONE) URGES STUDENTS TO DREAM UP UNIQUE CHARACTERS, DIALOGUE, AND SPELLBINDING CLIFFHANGERS. CHOOSE YOUR OWN ADVENTURE (A FIELD TRIP WHERE ELEMENTARY STUDENTS WRITE A FULLY-FUNCTIONAL 13-PAGE "CHOOSE YOUR OWN ADVENTURE" BOOK, PUBLISHED AT THE END OF THE SESSION) AND SMALL GROUP STORYTELLING (AN ACTIVITY FOR MIDDLE SCHOOL STUDENTS, WHO WORK IN SMALL GROUPS TO WRITE A BOOK FOR YOUNGER CHILDREN IN THEIR FAMILIES AND COMMUNITIES) CONTINUED TO BE HIGHLY REQUESTED BY TEACHERS AS WELL. THE 826LA FIELD TRIP ROSTER WAS ALSO EXPANDED, WITH A REVISED PERSONAL STATEMENT/COLLEGE ESSAY FIELD TRIP TO ACCOMMODATE THE NEW UC ADMISSION ESSAY REQUIREMENTS, AND A REBOOT OF TWO EXCITING FIELD TRIPS: SCREENWRITING AND MEMOIR WRITING. IN THESE LATTER TWO FIELD TRIPS, HIGH SCHOOL STUDENTS WORK WITH LOCAL VOLUNTEERS AND PROFESSIONALS TO LEARN THE FUNDAMENTALS OF SCREENWRITING OR MEMOIR WRITING. STUDENTS WALK THROUGH EXAMPLES, RANGING FROM "JURASSIC PARK" CLIPS TO SHERMAN

ALEXIE'S "INDIAN EDUCATION," THEN ARE GIVEN TIME TO WRITE, WORKING WITH

Name of the organization

826LA

Employer identification number
38-3722092

VOLUNTEERS ON THE MOST COMPELLING WAY TO TELL THEIR STORY. THE END OF

EACH FIELD TRIP LEAVES STUDENTS WITH A PRINTED SCREENPLAY OR THE FIRST

SCENE FROM THEIR MEMOIR, AND STUDENTS TAKE TURNS SHARING THEIR WORK

WITH THE ROOM.

EXPENSES \$ 198,358. 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

OF ITS KNOWLEDGE, 826LA IS NOT A PARTY TO ANY SUCH RELATED 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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00	į	16	227,904.				227,904.	207,919.		9,253.	217,172.
2	EQUIPMENT	VARIOUS	SL	5.00	-	16	78,653.				78,653.	76,011.		1,321.	77,332.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						306,557.				306,557.	283,930.		10,574.	294,504.
	* GRAND TOTAL 990 PAGE 10 DEPR						306,557.				306,557.	283,930.		10,574.	294,504.