

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

B Check if applicable. C Name of organization CONSERVATION CORPS OF LONG BEACH D Employer identification number 33-0293393 E Telephone number (562) 986-1249

G Website: N/A H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. J Organization type 501(c)(3) K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts 3,266,545. M Check if the organization is not required to attach Sch. B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Gross amount from sales of assets, Special events, Gross revenue from contributions, Net income from special events, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

SCANNED MAR 07 2005

RECEIVED FEB 22 2005 OGDEN, UT

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	99,233.	0.	99,233.	0.
26	Other salaries and wages	1,574,825.	1,498,599.	76,226.	
27	Pension plan contributions				
28	Other employee benefits	346,647.	310,315.	36,332.	
29	Payroll taxes	141,856.	126,988.	14,868.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	105,323.	87,808.	10,281.	7,234.
34	Telephone	48,411.	43,337.	5,074.	
35	Postage and shipping	6,066.	5,199.	609.	258.
36	Occupancy	84,877.	63,092.	21,785.	
37	Equipment rental and maintenance	144,992.	129,795.	15,197.	
38	Printing and publications	9,748.	7,467.	874.	1,407.
39	Travel	120,763.	108,106.	12,657.	
40	Conferences, conventions, and meetings	6,773.	6,063.	710.	
41	Interest	10,708.	9,586.	1,122.	
42	Depreciation, depletion, etc (attach schedule)	190,493.	170,527.	19,966.	
43	Other expenses not covered above (itemize):				
a	PROFESSIONAL FEES	64,103.	44,413.	5,200.	14,490.
b	INSURANCE	107,052.	95,832.	11,220.	
c	MISCELLANEOUS	64,015.	57,306.	6,709.	
d	RECOGNITIONS	10,235.	8,860.	1,037.	338.
e	SUBCONTRACTORS	1,375.	1,375.		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,137,495.	2,774,668.	339,100.	23,727.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	2,774,668.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,774,668.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	14,661.	45
	46 Savings and temporary cash investments	110,019.	46 236,961.
	47 a Accounts receivable	47a 202,690.	
	b Less allowance for doubtful accounts	47b	47c 202,690.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	477,931.	49 355,926.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	53,323.	53 42,763.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 2,776,705.		
b Less accumulated depreciation STMT 6	57b 991,713.	57c 1,784,992.	
58 Other assets (describe DEPOSITS)	11,105.	58 11,925.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,509,951.	59 2,635,257.	
Liabilities	60 Accounts payable and accrued expenses	191,243.	60 198,224.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	428,957.	64b 418,232.
	65 Other liabilities (describe)		65 0.
66 Total liabilities (add lines 60 through 65)	620,200.	66 616,456.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,866,438.	67 1,988,507.
	68 Temporarily restricted	23,313.	68 30,294.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,889,751.	73 2,018,801.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,509,951.	74 2,635,257.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	122,976.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="0."/>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed	90b	CALIFORNIA
b	Number of employees employed in the pay period that includes March 12, 2003	90b	116
91	The books are in care of CONSERVATION CORPS OF LONG BEACH Telephone no (562) 986-1249		
Located at 340 NIETO AVENUE, LONG BEACH, CA ZIP + 4 90814			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a COMMUNITY PROJECTS					903,878.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,640.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	8,946.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,035.	
101 Net income or (loss) from special events			01	21,450.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		39,071.	903,878.
105 Total (add line 104, columns (B), (D), and (E))					942,949.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please print name of preparer: Mike Bassett, EXECUTED
 Date: 12/29/04
 Check if self-employed:
 Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization: **CONSERVATION CORPS OF LONG BEACH**
Employer identification number: **33-0293393**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JOYCE MCDEVITT</u> ----- CORPORATE ADDRESS	DPTY DIRECTOR 40 HRS/WEEK	75,825.	4,305.	0.
<u>JOHN DUNAY</u> ----- CORPORATE ADDRESS	DIR FINANCE 40 HRS/WEEK	66,661.	2,091.	0.
<u>SAM LOPEZ</u> ----- CORPORATE ADDRESS	DIR PROJECTS 40 HRS/WEEK	54,292.	2,761.	0.
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 9		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,311,678.	3,509,580.	3,111,598.	1,116,692.	11,049,548.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	763,857.	648,784.	570,348.	830,684.	2,813,673.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,961.	5,811.	8,954.	12,385.	34,111.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,082,496.	4,164,175.	3,690,900.	1,959,761.	13,897,332.
24 Line 23 minus line 17	3,318,639.	3,515,391.	3,120,552.	1,129,077.	11,083,659.
25 Enter 1% of line 23	40,825.	41,642.	36,909.	19,598.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 221,673.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 11,083,659.
d Add. Amounts from column (e) for lines: 18 34,111. 19 _____ 22 _____ 26b _____					26d 34,111.
e Public support (line 26c minus line 26d total)					26e 11,049,548.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.6922%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) N/A (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) (2001) (2000) (1999)					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add. Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V

Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group

Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
7	BUILDINGS											
	* 990 PAGE 2 TOTAL	VARIES	SL	.000	16	782,882.			782,882.	2,170.		26,096.
	BUILDINGS					782,882.		0.	782,882.	2,170.	0.	26,096.
1	MACHINERY & EQUIPMENT											
	OFFICE EQUIPMENT	VARIES	SL	.000	16	252,113.			252,113.	145,857.		36,473.
3	EDUCATIONAL EQUIPMENT	VARIES	SL	.000	16	35,733.			35,733.	32,906.		1,311.
4	OTHER EQUIPMENT	VARIES	SL	.000	16	293,228.			293,228.	164,104.		25,042.
9	OFFICE EQUIPMENT	053097	SL	.000	16	8,496.			8,496.	8,496.		0.
	* 990 PAGE 2 TOTAL					589,570.		0.	589,570.	351,363.	0.	62,826.
	MACHINERY & EQUIPMENT											
2	VEHICLES	VARIES	SL	.000	16	641,601.			641,601.	350,645.		69,994.
10	VEHICLES	062990	SL	.000	16	13,662.			13,662.	13,662.		0.
	* 990 PAGE 2 TOTAL					655,263.		0.	655,263.	364,307.	0.	69,994.
	TRANSPORTATION EQUIPMENT											
	LAND											
8	LAND	VARIES		.000	16	520,888.			520,888.			0.
	* 990 PAGE 2 TOTAL					520,888.		0.	520,888.	0.	0.	0.
	LAND											
	OTHER											
5	LEASEHOLD IMPROVEMENTS	VARIES	SL	.000	16	250,260.			250,260.	105,538.		31,577.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* 990 PAGE 2 TOTAL					250,260.		0.	250,260.	105,538.	0.	31,577.
	OTHER											
	* GRAND TOTAL 990 PAGE 2 DEPR					2798863.		0.	2798863.	823,378.	0.	190,493.

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE BUILDING	1	8,946.
TOTAL TO FORM 990, PART I, LINE 6A		8,946.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SAMSUNG PHONE SYSTEM	05/30/97	07/01/03	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	486.	8,496.	0.	8,496.	486.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
89 FORD VAN	06/29/90	09/01/03	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	2,549.	13,662.	0.	13,662.	2,549.

TO FM 990, PART I, LN 8	3,035.	22,158.	0.	22,158.	3,035.
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FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINE ON PINE	21,450.		21,450.		21,450.
TO FM 990, PART I, LINE 9	21,450.		21,450.		21,450.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

THE CORPORATION WAS ORGANIZED TO OPERATE YOUTH DEVELOPMENT JOB TRAINING, EDUCATION, AND CAREER AWARENESS PROGRAMS FOR YOUNG ADULTS RESIDING IN THE CITY OF LONG BEACH AND SURROUNDING AREAS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

THE CORPORATION SERVES UNEMPLOYED YOUNG ADULTS FROM AGES 18 TO 23 BY PROVIDING THEM WITH EDUCATION DEVELOPMENT THROUGH PAID JOB TRAINING SKILLS AND BY HELPING THEM WORK TOWARDS A HIGH SCHOOL DIPLOMA/GED (APPROXIMATELY 523 SERVED).

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		2,774,668.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	252,113.	182,330.	69,783.
VEHICLES	641,601.	420,639.	220,962.
EDUCATIONAL EQUIPMENT	35,733.	34,217.	1,516.
OTHER EQUIPMENT	293,228.	189,146.	104,082.
LEASEHOLD IMPROVEMENTS	250,260.	137,115.	113,145.
BUILDING	782,882.	28,266.	754,616.
LAND	520,888.	0.	520,888.
TOTAL TO FORM 990, PART IV, LN 57	2,776,705.	991,713.	1,784,992.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HELENE ANSEL CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
MELVYN BELL CORPORATE ADDRESS	TREASURER 2	0.	0.	0.
VALERIE BORDEAUX CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
MARA CHILDERS CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
ALTA COOKE CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
DAVE DEDINSKY CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
LARRY FORESTER CORPORATE ADDRESS	VICE CHAIR 2	0.	0.	0.
SCOTT FRAZIER CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
LOUANNE BYNUM CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
YOOKO HEMPHILL CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
GUYETTE HONEYMAN CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.

TIM JACKMAN CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
RESE JACOBS CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
RUEBEN PACHECO CORPORATE ADDRESS	PAST CHAIR 2	0.	0.	0.
FREDA HINSCHKE OTTO CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
WILMA POWELL CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
JUDY ROSS CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
REESE STEWART CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
ED WALLACE CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
ALAN PULLMAN CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
MICHAEL BASSETT CORPORATE ADDRESS	EXECUTIVE DIRECTOR 40	99,233.	5,328.	1,768.
GARY QUIGGLE CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
FRANK COLONNA CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.
LON SMITH CORPORATE ADDRESS	BD MEMBER 2	0.	0.	0.

CARL ANN WYLIE
CORPORATE ADDRESS

BD MEMBER
2

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

99,233. 5,328. 1,768.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 8

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 A INCOME FROM COMMUNITY PROJECTS CONTRIBUTES TO THE ACCOMPLISHMENT OF THE CORPORATION'S EXEMPT PURPOSE BY PROVIDING PAID JOB SKILLS, CIVIC, CAREER AND CONSERVATION AWARENESS ACTIVITIES FOR THE YOUTH OF LONG BEACH AND SURROUNDING AREAS (AGES 18 THROUGH 23). THE CORPORATION CONTRACTS WITH THE CITY OF LONG BEACH AND OTHERS TO PROVIDE LABOR ASSISTANCE WITH VARIOUS DEPARTMENTS FOR PUBLIC WORKS, BEAUTIFICATION, CONSERVATION AND PRESERVATION SERVICES.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 9

THE EXECUTIVE DIRECTOR IS AN EMPLOYEE OF THE ORGANIZATION AND IS COMPENSATED AS REPORTED ON FORM 990, PART V.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization CONSERVATION CORPS OF LONG BEACH	Employer identification number 33-0293393
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 340 NIETO AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90814	

COPY

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2003**, and ending **JUN 30, 2004**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 22 2005 OGDEN, UT </div> This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Ronald C. Kulak* Title ▶ *CPA* Date ▶ *11-11-04*
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)