LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Report for the reporting period 7/1/2013 to 6/30/2014

1. Name of Labor Compliance Program (LCP):
   HEAL THE BAY

2. LCP I.D. Number (assigned by DIR):
   LCP ID: 2013-01187

3. Date of Initial Approval:
   7/10/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   ALIX HOBBS
   CHIEF OPERATING OFFICER
   1444 9th Street, Santa Monica, CA 90401
   PHONE: (310) 451-1500
   EMAIL: ahobbs@healthebay

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Please check one:
   ✔ Yes
   ___ No
   If Yes, proceed to item 6 on the next page
   If No, complete the information below, sign the form and submit to
   DIR, Office of the Director, Attn: LCP Special Assistant.
   455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

Signature

Alix Hobbs, Chief Operating Officer

Name and Title

8/4/2014

Date
6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Monica Pier Aquarium Watershed Exhibit</td>
<td>9/15/2012</td>
<td>Cinnabar</td>
<td>$400,000.00</td>
</tr>
<tr>
<td>WAYS Reading &amp; Fitness Park</td>
<td>3/17/2013</td>
<td>Northeast Trees</td>
<td>$1,155,028.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$1,555,028.00</strong></td>
</tr>
</tbody>
</table>

B. Summary of all wages and penalties assessed and/or recovered.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner?</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
**LCP-AR1**

E. Identify cases that are or were the subject of LC § 1742 proceedings.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case #</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  
- [ ] Yes  
- [x] No  
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ____________________________

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  
- [ ] Yes  
- [x] No  
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: ____________________________