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Form 990

## Return of Organization Exempt From Income Tax

2011

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

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

Open to Public Inspection

## A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable	C Name of organization ANAHEIM DUCKS FOUNDATION	D Employer identification number 11-3839845
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (949) 760-4300
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	F Gross receipts \$ 1,702,473
<input type="checkbox"/> Initial return	2101 E COAST HWY THIRD FLOOR	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	CORONA DEL MAR, CA 92625	
	F Name and address of principal officer MICHAEL SCHULMAN 2101 E COAST HWY THIRD FLOOR CORONA DEL MAR, CA 92625	G

H(a) Is this a group return for affiliates?  Yes  No

H(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 2008 M State of legal domicile CA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities PRODUCE POSITIVE CHANGE TO CHILDREN AND FAMILIES REGARDING EDUCATION, HEALTH, AND WELLNESS		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	8
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	124
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	626,080	903,845
9 Program service revenue (Part VIII, line 2g) . . . . .		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	177	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,562	6,536
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	622,695	910,381

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
	276,758	283,428
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►221		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	344,832	286,413
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	621,590	569,841
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	1,105	340,540

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	314,279	699,864
21 Total liabilities (Part X, line 26) . . . . .		62,691
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	251,588	107,736
		592,128

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer MICHAEL SCHULMAN PRESIDENT Type or print name and title	2013-04-09 Date
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Paid Preparer's Use Only	Preparer's signature ► BRIAN YACKER	Date	Check if self-employed ►	Preparer's taxpayer identification number (see instructions) P00401346
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► YH ADVISORS INC 7755 CENTER AVENUE SUITE 1225 HUNTINGTON BEACH, CA 92647			EIN ► 45-3269313
				Phone no ► (310) 982-2806

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

TO FACILITATE AND SUPPORT PROGRAMS THAT PRODUCE POSITIVE CHANGE FOR CHILDREN AND FAMILIES THROUGHOUT SOUTHERN CALIFORNIA BY PROVIDING EDUCATIONAL OPPORTUNITIES, BROADENING ACCESS TO THE SPORT OF HOCKEY AND ADDRESSING THE HEALTH AND WELLNESS NEEDS OF OUR COMMUNITY

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

 Yes  No**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 283,428 including grants of \$ 283,428 ) (Revenue \$ )

PROVIDES GRANTS AND SUPPORT TO A VARIETY OF PUBLIC CHARITIES IN THE ORANGE COUNTY AREA THAT HAVE MISSIONS THAT ARE COMMITTED TO ENHANCING LIVES THROUGH IMPROVING THE EDUCATION, WELLNESS AND HEALTH OF CHILDREN AND FAMILIES IN THE ORANGE COUNTY AREA CHOC FOUNDATION FOR CHILDREN CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC CHILDREN'S) IS EXCLUSIVELY COMMITTED TO THE HEALTH AND WELL-BEING OF CHILDREN THROUGH CLINICAL EXPERTISE, ADVOCACY, OUTREACH AND RESEARCH THAT BRINGS ADVANCED TREATMENT TO ITS PATIENTS FUNDS RAISED WERE APPLIED TO A PLEDGE TOWARD A NEW FITNESS CENTER ON THE EXPANDED PEDIATRIC ONCOLOGY FLOOR IN THE CHOC CHILDREN'S NEW PATIENT CARE TOWER, DUE TO OPEN IN SPRING 2013 THE ANAHEIM DUCKS FITNESS CENTER WILL BE EQUIPPED WITH A VARIETY OF EQUIPMENT THAT CHILDREN WILL BE ABLE TO USE FOR PHYSICAL THERAPY, AND ALSO AVAILABLE FOR PARENTS AND FAMILY MEMBERS TO UTILIZE DURING LONG STAYS IN THE HOSPITAL ORANGEWOOD CHILDREN'S FOUNDATION THE MISSION OF ORANGEWOOD CHILDREN'S FOUNDATION IS TO END THE CYCLE OF CHILD ABUSE BY PROVIDING INNOVATIVE PROGRAMS FOCUSED ON PREVENTION, CARE, EMANCIPATION AND PUBLIC AWARENESS FUNDS ASSISTED SCHOLARSHIP EFFORTS FOR ORANGEWOOD'S EMANCIPATED YOUTH TO ATTEND UNIVERSITIES, COMMUNITY COLLEGES AND TRADE SCHOOLS ANAHEIM AMATEUR HOCKEY ASSOCIATION SINCE ITS INCEPTION IN 1995, THE ANAHEIM AMATEUR HOCKEY ASSOCIATION (AAHA) HAS PROVIDED YOUTH HOCKEY PLAYERS WITH THE HIGHEST LEVEL OF PERSONAL DEVELOPMENT, BOTH ON AND OFF THE ICE SPORTSMANSHIP, TEAMWORK AND FUN ARE OF THE UTMOST IMPORTANCE AND HIGHLY ENCOURAGED WITHIN THE ORGANIZATION THE ANAHEIM AMATEUR HOCKEY ASSOCIATION IS MADE UP THE JR DUCKS, LADY DUCKS AND ANAHEIM DUCKS HIGH SCHOOL HOCKEY TEAMS FUNDS WERE USED FOR THE EXPANSION INTO THE AAA LEVEL OF YOUTH HOCKEY CASA OF ORANGE COUNTY COURT APPOINTED SPECIAL ADVOCATES (CASA) OF ORANGE COUNTY IS A NON-PROFIT ORGANIZATION THAT TRAINS COMMUNITY VOLUNTEERS TO SERVE AS POWERFUL MENTORS AND ADVOCATES FOR OUR COMMUNITY'S MOST SEVERELY ABUSED, ABANDONED AND NEGLECTED CHILDREN FUNDS WERE USED FOR GENERAL SUPPORT OF THE ORGANIZATION'S PROGRAMS TO SUPPORT CASA VOLUNTEERS, WHO ARE APPOINTED BY THE JUVENILE COURT TO SERVE AS ADVOCATES AND MENTORS FOR ABUSED CHILDREN GOING THROUGH DEPENDENCY COURT PROCEEDINGS MOVEMBER, INC DURING NOVEMBER EACH YEAR, MOVEMBER IS RESPONSIBLE FOR THE SPROUTING OF MOUSTACHES ON THOUSANDS OF MEN'S FACES, IN THE US AND AROUND THE WORLD WITH THEIR MO'S, THESE MEN RAISE VITAL AWARENESS AND FUNDS FOR MEN'S HEALTH ISSUES, SPECIFICALLY PROSTATE AND TESTICULAR CANCER INITIATIVES FUNDS RAISED WERE USED TO SUPPORT U S PROSTATE CANCER AND TESTICULAR CANCER INITIATIVES THROUGH THE ORGANIZATIONS NONPROFIT HEALTH PARTNERS REGISTER CHARITIES THE MISSION OF REGISTER CHARITIES IS TO PROVIDE RELIEF OF POVERTY AND DISTRESS IN ORANGE COUNTY FUNDS WERE USED FOR GENERAL SUPPORT OF LOCAL NONPROFITS SERVING COMMUNITY MEMBERS IN NEED THE LEUKEMIA & LYMPHOMA SOCIETY THE MISSION OF THE LEUKEMIA & LYMPHOMA SOCIETY IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES FUNDS WERE USED FOR GENERAL SUPPORT OF THE PROGRAMS OF THE ORGANIZATION, INCLUDING RESEARCH, SUPPORT GROUPS, FINANCIAL ASSISTANCE, EDUCATION AND ADVOCACY CHILDHOOD LEUKEMIA FOUNDATION THE CHILDHOOD LEUKEMIA FOUNDATION IS A NATIONAL NONPROFIT ORGANIZATION THAT OFFERS A WIDE RANGE OF SERVICES AT NO CHARGE TO CHILDREN LIVING WITH CANCER AND THEIR FAMILIES FUNDS SUPPORTED THE HUGS-U-WEAR PROGRAM, WHICH PROVIDES CUSTOM-MADE, HUMAN HAIR WIGS WITH KID-FRIENDLY HATS TO CHILDREN AROUND THE COUNTRY J F SHEA THERAPEUTIC RIDING CENTER THE J F SHEA THERAPEUTIC RIDING CENTER IS DEDICATED TO IMPROVING THE LIVES OF PEOPLE WITH DISABILITIES THROUGH THERAPEUTIC HORSE-RELATED PROGRAMS THE CENTER'S STAFF IS HIGHLY SKILLED IN DEVELOPING AND DELIVERING THERAPEUTIC PROGRAMS TO ADDRESS PHYSICAL AND COGNITIVE CHALLENGES, TREATING MORE THAN 70 PHYSICAL AND COGNITIVE DISABILITIES FUNDS RAISED WERE UTILIZED FOR THE GENERAL SUPPORT OF ITS CLIENTS AND PROGRAMS THE REGISTER CAMPERSHIP FUND THE REGISTER CAMPERSHIP FUND PROVIDES ORANGE COUNTY CHILDREN THE OPPORTUNITY TO EXPERIENCE SUMMER CAMP THROUGH SCHOLARSHIPS TO LOW-INCOME OR AT-RISK YOUTH ASSOCIATED WITH VARIOUS NONPROFIT ORGANIZATIONS, SUCH AS YMCA, BOYS & GIRLS CLUBS, BOY SCOUTS, GIRLS SCOUTS AND CAMP FIRE USA FUNDS WERE USED TO PROVIDE SUMMER CAMP SCHOLARSHIPS TO UNDERPRIVILEGED ORANGE COUNTY YOUTH WITH HOPE, THE AMBER CRAIG MEMORIAL FOUNDATION WITH HOPE IS A NONPROFIT ORGANIZATION DEDICATED TO SUICIDE PREVENTION THROUGH IMPROVING MENTAL HEALTH SUPPORT SERVICES AND EDUCATION IN OUR SCHOOLS AND THROUGHOUT OUR COMMUNITY FUNDS WERE USED TO ASSIST IN THE GENERAL PROGRAMS OF THE ORGANIZATION INCLUDING TRAINING IN SCHOOLS, TEEN PANELS AND GRIEF SUPPORT OPERATION HOMEFRONT OPERATION HOMEFRONT PROVIDES EMERGENCY FINANCIAL AND OTHER ASSISTANCE TO THE FAMILIES OF OUR SERVICE MEMBERS AND WOUNDED WARRIOR FUNDS WERE USED FOR GENERAL SUPPORT OF SOUTHERN CALIFORNIA MILITARY FAMILIES GREEN BERET FOUNDATION THE GREEN BERET FOUNDATION PROVIDES UNCONVENTIONAL RESOURCES TO FACILITATE THE SPECIAL NEEDS OF WOUNDED, ILL AND INJURED AND IMPARTS UNIQUE SUPPORT TO THE SPECIAL FORCES COMMUNITY IN ORDER TO STRENGTHEN READINESS AND UPHOLD GREEN BERET TRADITIONS AND VALUES FUNDS WERE USED FOR GENERAL SUPPORT TO PROGRAMS PROVIDING FINANCIAL RESOURCES, IMMEDIATE NEED SUPPLIES, CAREGIVER ASSISTANCE AND EDUCATIONAL SCHOLARSHIPS TO WOUNDED OR ILL ARMY SPECIAL FORCES WARRIOR AND THEIR FAMILIES DEFENDING THE BLUE LINE THE MISSION OF DEFENDING THE BLUE LINE IS TO ENSURE THAT CHILDREN OF MILITARY MEMBERS ARE AFFORDED EVERY OPPORTUNITY TO PARTICIPATE IN THE GAME

**4b** (Code ) (Expenses \$ 280,220 including grants of \$ ) (Revenue \$ )

THE ANAHEIM DUCKS S C O R E (SCHOLASTIC CURRICULUM OF RECREATION & EDUCATION) PROGRAM WAS DEVELOPED IN 2005 WITH THE ULTIMATE GOAL OF PROMOTING HEALTHY LIVING AND ACADEMIC EXCELLENCE TO ALL STUDENTS IN SOUTHERN CALIFORNIA S C O R E OFFERS FREE EDUCATIONAL STANDARDS BASED PROGRAMS AND INCENTIVES FOR TEACHERS AND STUDENTS USING TWO METHODS IN-CLASS EDUCATION AND PHYSICAL EDUCATION THE IN-CLASS EDUCATION PROGRAM CONSISTS OF THREE COMPONENTS SCHOOL SUPPLIES DONATION, READING IS THE GOAL (30 DAY READING PROGRAM), AND FIRST FLIGHT FIELD TRIP (EDUCATIONAL ANAHEIM DUCKS PRACTICE AT THE ARENA) OVER 25,000 STUDENTS PARTICIPATE IN THIS PROGRAM ON A YEARLY BASIS, IN WHICH PARTICIPATING SCHOOLS SPAN FROM SAN DIEGO, SAN BERNARDINO, ORANGE, RIVERSIDE, AND LOS ANGELES COUNTIES THE PHYSICAL EDUCATION PROGRAM WAS DESIGNED TO TEACH STUDENTS THE FUNDAMENTALS OF HOCKEY, THE IMPORTANCE OF HEALTHY LIVING, AND POSITIVE CHARACTER TRAITS THROUGH THREE BRANCHES STREET HOCKEY (10-DAY PE CURRICULUM), SCORE-A-GOAL (MONTH OF FREE ICE HOCKEY LESSONS) AND CAPTAIN'S CHALLENGE (HEALTH & FITNESS CURRICULUM)

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses \$ 563,648

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

**2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

**3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

**5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

**6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**9** Did the organization report an amount in Part X, line 21, 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

**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

**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
 

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- c** 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.
- 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.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
 

- 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, XII, and XIII is optional

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States?
 

- 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 or more? If "Yes," complete Schedule F, Part I

**15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

**16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

**17** Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

**18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H
 

- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>		No
<b>12a</b>		No
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>	Yes	
<b>20a</b>		No
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	No	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
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	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
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	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	No	
b	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	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	11
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any 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 bank account or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12b</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>13b</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14b</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	8	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	8	
<b>2</b> 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? . . . . .	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>		No
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed  CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
DOUG HELLER  
2695 E KATELLA AVENUE  
ANAHEIM, CA 92806  
(714) 704-2900

## **Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VI

**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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

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

## **Section B. Independent Contractors**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100 000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	612,464			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	291,381			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		405,356			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		903,845			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ 612,464 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>a</b> 777,652					
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b> 777,652	0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> 20,976					
<b>b</b> Less direct expenses . . . . .	<b>b</b> 14,440					
<b>c</b> Net income or (loss) from gaming activities . . . . .		6,536			6,536	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		910,381	0	0	6,536	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	283,428	283,428		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	4,250		4,250	
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	1,109		1,109	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a SCORE PROGRAM	280,220	280,220		
b OTHER	403		403	
c CREDIT CARD FEES	221			221
d LICENSE & FEES	210		210	
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	569,841	563,648	5,972	221
<b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	141,186	<b>1</b> 549,290
	2 Savings and temporary cash investments . . . . .	150,177	<b>2</b> 150,177
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b>	
	b Less accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	11 Investments—publicly traded securities . . . . .		<b>11</b>
	12 Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	13 Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	14 Intangible assets . . . . .		<b>14</b>
Liabilities	15 Other assets See Part IV, line 11 . . . . .	22,916	<b>15</b> 397
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	314,279	<b>16</b> 699,864
Liabilities	17 Accounts payable and accrued expenses . . . . .	62,691	<b>17</b> 107,736
	18 Grants payable . . . . .		<b>18</b>
	19 Deferred revenue . . . . .		<b>19</b>
	20 Tax-exempt bond liabilities . . . . .		<b>20</b>
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	62,691	<b>26</b> 107,736
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .		<b>27</b>
	28 Temporarily restricted net assets . . . . .		<b>28</b>
	29 Permanently restricted net assets . . . . .		<b>29</b>
Net Assets or Fund Balances	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	0	<b>30</b> 0
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b> 0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	251,588	<b>32</b> 592,128
	33 Total net assets or fund balances . . . . .	251,588	<b>33</b> 592,128
Net Assets or Fund Balances	34 Total liabilities and net assets/fund balances . . . . .	314,279	<b>34</b> 699,864

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	910,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	569,841
3	Revenue less expenses Subtract line 2 from line 1	3	340,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	251,588
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	592,128

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

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

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
ANAHEIM DUCKS FOUNDATION

Employer identification number

11-3839845

**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 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An 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 )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		283,066	650,099	972,110	903,845	2,809,120
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3		283,066	650,099	972,110	903,845	2,809,120
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)						1,432,169
6 <b>Public Support.</b> Subtract line 5 from line 4						1,376,951

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		283,066	650,099	972,110	903,845	2,809,120
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				177		177
9 Net income from unrelated business activities, whether or not the business is regularly carried on					6,536	6,536
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						2,815,833
12 Gross receipts from related activities, etc (See instructions)					12	

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
18 <b>Private Foundation</b> 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 IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 <b>Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 assets (Explain in Part IV )						
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )						
14 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**F** Attach to Form 990 or Form 990 EZ. **F** See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

11-383984

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>DUX IN TUX</u> (event type)	(b) Event #2 <u>CASINO NIGHT</u> (event type)	(c) Other Events <u>7</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	512,038	253,450	624,628	1,390,116
	2 Less Charitable contributions . . .	192,505	81,517	338,534	612,556
	3 Gross income (line 1 minus line 2) . . .	319,533	171,933	286,094	777,560
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .	233,550	24,378	132,988	390,916
	6 Rent/facility costs . . .		9,105	17,221	26,326
	7 Food and beverages . . .	40,391	28,465	44,296	113,152
	8 Entertainment . . .				
	9 Other direct expenses . . .	45,592	109,985	91,681	247,258
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 777,652 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				-92

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			20,976	20,976
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .			14,440	14,440
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes . . . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . . <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( 14,440 )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				6,536

9 Enter the state(s) in which the organization operates gaming activities CA

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

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

13a	55 560 %
13b	44 440 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► DOUG HELLER

Address ► 2695 E KATELLA AVENUE  
ANAHEIM, CA 92806

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ► WENDY ARCIERO

Gaming manager compensation ► \$ 0

Description of services provided ► OVERSIGHT OF THE RAFFLE, INCLUDING MANAGEMENT OF RAFFLE ITEMS AND RECEIPT OF FUNDS

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 20,976

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
GAMING MANAGER	SCHEDULE G, LINE 16	WENDY ARCIERO, WHO IS REPORTED AS THE GAMING MANAGER OF THE RAFFLES, IS A VOLUNTEER AND RECEIVES NO COMPENSATION FROM THE ANAHEIM DUCKS FOUNDATION

**Schedule I  
(Form 990)**

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

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

► Attach to Form 990

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ANAHEIM DUCKS FOUNDATION**

**Employer identification number**

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV, line 21 (Form 990) for this question.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) CHOC FOUNDATION 455 S MAIN STREET ORANGE, CA 92868	95-6097416	501(C)(3)	127,966				GETWELL TV PROGRAM FOR PATIENTS OF CHOC CHILDREN'S HOSPITAL
(2) ORANGEWOOD CHILDREN'S FOUNDATION 1575 E 17TH STREET SANTA ANA, CA 92705	95-3616628	501(C)(3)	73,727				SCHOARSHIP EFFORTS FOR ORAGNEWOOD'S EMANCIPATED YOUTH
(3) ANAHEIM AMATEUR HOCKEY ASSOCIATION 300 W LINCOLN AVE ANAHEIM, CA 92805	33-0684266	501(C)(3)	25,000				SUPPORT AMATEUR HOCKEY COMPETITION
(4) CASA OF ORANGE COUNTY 1505 E 17TH ST STE 214 SANTA ANA, CA 92705	33-0069334	501(C)(3)	12,500				SUPPORT CASA VOLUNTEERS, WHO ARE APPOINTED BY THE JUVENILE COURT TO SERVE AS ADVOCATES AND MENTORS FOR ABUSED CHILDREN GOING THROUGH DEPENDENCY COURT PROCEEDINGS
(5) MOVEMBER INC 1518 ABBOT KINNEY BLVD VENICE, CA 90291	77-0714052	501(C)(3)	11,557				SUPPORT US PROSTATE CANCER AND TESTICULAR CANCER INITIATIVES THROUGH THE ORGANIZATIONS NONPROFIT HEALTH PARTNERS
(6) REGISTER CHARITIES 625 N GRAND AVENUE SANTA ANA, CA 92701	23-7324127	501(C)(3)	6,238				SUPPORT OF LOCAL NONPROFITS SERVING COMMUNITY MEMBERS IN NEED
(7) LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE STE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	5,311				SUPPORT OF THE PROGRAMS OF THE ORGANIZATION, INCLUDING RESEARCH, SUPPORT GROUPS, FINANCIAL ASSISTANCE, EDUCATION AND ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 7  
3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES GRANTS TO QUALIFIED PUBLIC CHARITIES IN AND AROUND THE ORANGE COUNTY AREA FOR SPECIFIC PROJECTS AND GENERAL OPERATIONS AS NOTED BY THE ANAHEIM DUCKS FOUNDATION IN THE GRANT AGREEMENTS. RECIPIENTS ARE WELL ESTABLISHED ORGANIZATIONS IN THE ORANGE COUNTY AREA. BOARD MEMBERS AND VOLUNTEERS OF THE DUCKS FOUNDATION ARE ACTIVELY INVOLVED WITH THE ORGANIZATIONS THAT RECEIVE GRANTS FROM THE FOUNDATION THROUGH THIS PARTICIPATION, IN ADDITION TO PROJECT REPORTS, PICTURES, VIDEOS, AND FREQUENT COMMUNICATIONS WITH THE LEADERS OF THE ENTITIES THAT THE FOUNDATION IS ABLE TO MONITOR THAT THE GRANTS ARE BEING USED FOR THE CHARITY'S EXEMPT PURPOSES

SCHEDULE M  
(Form 990)Department of the Treasury  
Internal Revenue Service

## NonCash Contributions

OMB No 1545-0047

2011

Open to Public  
InspectionName of the organization  
ANAHEIM DUCKS FOUNDATION

Employer identification number

11-3839845

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1	10,000	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	22	50,356	FMV
19 Food inventory . . . . .	X	7	8,295	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
BEAUTY				
25 Other ► (PRODUCTS )	X	8	1,825	FMV
26 Other ► (ELECTRONICS )	X	10	3,780	FMV
27 Other ► (ACCESSORIES )	X	19	3,825	FMV
HOME				
28 Other ► (GOODS )	X	12	3,600	FMV
Other ► (JEWELRY )	X	10	123,025	FMV
Other ► (RECREATION )	X	15	6,750	FMV
OTHER				
Other ► (GOODS )	X	14	13,275	FMV
SPORT				
Other ► (EQUIPT )	X	24	14,825	FMV
Other ► (TICKETS )	X	11	40,075	FMV
Other ► (TOYS )	X	5	800	FMV
Other ► (TRAVEL )	X	10	124,925	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		0

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it  
must hold for at least three years from the date of the initial contribution, and which is not required to be used  
for exempt purposes for the entire holding period? . . . . .

30a Yes No

b If "Yes," describe the arrangement in Part II

31 Yes No

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash  
contributions? . . . . .

32a Yes No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS REPORTS THE AMOUNT OF DONORS WHO PROVIDED NON-CASH CONTRIBUTIONS IN SOME CASES, ONE DONOR PROVIDED A LARGE QUANTITY OF NON-CASH ITEMS

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2011****Open to Public  
Inspection**Name of the organization  
ANAHEIM DUCKS FOUNDATION**Employer identification number**

11-3839845

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	HENRY SAMUELI AND SUSAN SAMUELI ARE FAMILY MEMBERS HENRY SAMUELI IS RELATED TO MICHAEL SCHULMAN, TIM RYAN, GERALD SOLOMON, AND DOUG HELLER THROUGH BUSINESS RELATIONSHIPS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED WITH THE TOP FINANCIAL OFFICER OF THE FOUNDATION IN DETAIL DURING A PRESENTATION FROM THE ORGANIZATION'S CPAs AFTER ALL QUESTIONS HAVE BEEN ADDRESSED AND ANY UPDATES ARE MADE TO THE FORM, A FINAL COPY OF THE RETURN WILL BE FORWARDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THE ORGANIZATION MONITORS ANY CONFLICTS OF INTEREST ANNUALLY AND THROUGHOUT THE YEAR AS NEEDED TO ENSURE THAT ALL CONFLICTS ARE PROPERLY DISCLOSED AND KNOWN BY THE BOARD OF DIRECTORS BOARD MEMBERS DISCUSS AND ARE AWARE OF ALL CONFLICTS THAT OCCUR BETWEEN THE ORGANIZATION AND INTERESTED PERSONS THE BOARD WILL DELIBERATE AND DISCUSS THE BEST POSSIBLE WAY TO PROCEED WITH ANY TRANSACTIONS THAT MAY OCCUR BETWEEN THE FOUNDATION AND ANY ENTITIES OWNED BY INTERESTED PERSONS, SO AS TO ENSURE THAT ALL TRANSACTIONS OCCUR AT ARMS LENGTH AND ARE PROPERLY DOCUMENTED THIS PROCEDURE IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS HELD
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FEDERAL FORM 990, FORM 1023, AND DETERMINATION LETTER ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S MAIN OFFICES AND UPON REQUEST
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15A AND 15B	THE ORGANIZATION DOES NOT HAVE A PROCESS FOR DETERMINING COMPENSATION AS THERE IS NO COMPENSATION PAID BY THE FOUNDATION ALL SERVICES PERFORMED IN THE MANAGEMENT OF THE FOUNDATION ARE DONATED