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Short Form

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning		6/01	, 2012, and ending	5/31	, 2013
B Check if applicable		C			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		ASSISTANCE LEAGUE OF SOUTHWEST WASHINGTON PO BOX 65 VANCOUVER, WA 98666			
		D Employer identification number			
		47-0921393			
		E Telephone number			
		(360) 887-4935			
		F Group Exemption Number			
		► 4176			
G Accounting Method		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ► _____	
I Website:		► ALSWWA.ORG			
J Tax-exempt status (check only one)		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
L		Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 118,363.			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	48,778.		
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3			
	4 Investment income	4	59.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events	6a			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ 36,985. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	69,526.		
	c Less: direct expenses from gaming and fundraising events	6c	38,076.		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,450.		
	7a Gross sales of inventory less returns and allowances	7a			
	b Less cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8 Other revenue (describe in Schedule O)	8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,287.		
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	See Schedule O			
	11 Benefits paid to or for members	10	57,159.		
	12 Salaries, other compensation, and employee benefits	11			
	13 Professional fees and other payments to independent contractors	12			
	14 Occupancy, rent, utilities, and maintenance	13	2,700.		
	15 Printing, publications, postage, and shipping	14			
	16 Other expenses (describe in Schedule O)	15	210.		
	17 Total expenses. Add lines 10 through 16	16	14,875.		
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	74,944.		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18	5,343.		
	20 Other changes in net assets or fund balances (explain in Schedule O)	19	66,127.		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20			
		21	71,470.		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

Check if the organization used Schedule O to respond to any question in this Part II		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	62,423.22	67,755.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	8,739.24	8,098.
25	Total assets	71,162.25	75,853.
26	Total liabilities (describe in Schedule O)	4,403.26	5,015.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,127.27	71,470.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	See Schedule O			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	39,094.
29	See Schedule O			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	12,104.
30	See Schedule O			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	4,510.
31	Other program services (describe in Schedule O) See Schedule O			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	1,451.
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32
				57,159.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEANNE LIGHTBURN				
President	11	0.	0.	0.
TANYA PERSONS				
PRESIDENT-ELECT	3	0.	0.	0.
LYNDA CIRI				
VP-MEMBERSHIP	6	0.	0.	0.
MIDGE RUIZ				
VP-PHILANTHROPY	6	0.	0.	0.
KAREN SAHLSTROM				
VP-RESOURCE DEV	3	0.	0.	0.
ELAYNE DI YORIO				
RECORDING SEC	22	0.	0.	0.
DIANE BERKS				
CORRES SEC	10	0.	0.	0.
CATHY TREADWELL-NELSON				
EDUCATION	7	0.	0.	0.
CHRISTINE CLEMENTS				
RUBLIC RELATION	10	0.	0.	0.
MARGARET STEINMEYER				
Treasurer	7	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/> 33	<input checked="" type="checkbox"/> X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/> 34	<input checked="" type="checkbox"/> X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/> 35 a	<input checked="" type="checkbox"/> X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/> 35 b	<input type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	<input type="checkbox"/> 35 c	<input checked="" type="checkbox"/> X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► <input type="checkbox"/> 37 a 0.	<input type="checkbox"/> 36	<input checked="" type="checkbox"/> X
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/> 37 b	<input checked="" type="checkbox"/> X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/> 38 a	<input checked="" type="checkbox"/> X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/> 38 b	<input type="checkbox"/> N/A
39	Section 501(c)(7) organizations Enter.	<input type="checkbox"/> 39 a	<input type="checkbox"/> N/A
a	Initiation fees and capital contributions included on line 9	<input type="checkbox"/> 39 b	<input type="checkbox"/> N/A
b	Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/> 40 a	<input type="checkbox"/> N/A
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <input type="checkbox"/> 0. , section 4912 ► <input type="checkbox"/> 0. , section 4955 ► <input type="checkbox"/> 0.	<input type="checkbox"/> 40 b	<input checked="" type="checkbox"/> X
b	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<input type="checkbox"/> 40 c	<input type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/> 40 d	<input type="checkbox"/>
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/> 40 e	<input type="checkbox"/>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<input type="checkbox"/> 40 f	<input type="checkbox"/>
41	List the states with which a copy of this return is filed ► <input type="checkbox"/> None	<input type="checkbox"/> 40 g	<input type="checkbox"/>

42 a	The organization's books are in care of ► <input type="checkbox"/> PEG STEINMEYER	Telephone no ► <input type="checkbox"/> (360) 887-4935
	Located at ► <input type="checkbox"/> 501 NW 214TH CIRCLE RIDGEFIELD WA	ZIP + 4 ► <input type="checkbox"/> 98642
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, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ► <input type="checkbox"/>	<input type="checkbox"/> 42 b <input checked="" type="checkbox"/> X

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> 42 c	<input type="checkbox"/>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country. ►

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<input type="checkbox"/> 43	<input type="checkbox"/> N/A
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/> 44 a	<input checked="" type="checkbox"/> X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/> 44 b	<input checked="" type="checkbox"/> X
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/> 44 c	<input checked="" type="checkbox"/> X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/> 44 d	<input type="checkbox"/>
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<input type="checkbox"/> 45 a	<input checked="" type="checkbox"/> X
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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/> 45 b	<input checked="" type="checkbox"/> X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
47		X
48		X
49 a		X
49 b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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	► <u>Margaret B. Steinmeyer</u> Signature of officer	<u>10-14-2013</u>
	► <u>Margaret B. Steinmeyer</u> Type or print name and title	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support****2012**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSISTANCE LEAGUE OF SOUTHWEST
WASHINGTONEmployer identification number
47-0921393**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 described in 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 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.
 a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated
 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 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 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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
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 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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 section 501(c)(3) organization, check this box and stop here						▶ <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2012. 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 stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2011. 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 stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	7,321.	27,198.	34,057.	35,850.	48,779.	153,205.
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	42,433.	45,299.	50,222.	59,905.	69,526.	267,385.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	49,754.	72,497.	84,279.	95,755.	118,305.	420,590.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						420,590.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	49,754.	72,497.	84,279.	95,755.	118,305.	420,590.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			79.	67.	59.	205.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	79.	67.	59.	205.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (Add Ins 9, 10c, 11, and 12)	49,754.	72,497.	84,358.	95,822.	118,364.	420,795.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.05 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.07 %
19a 33-1/3% support tests – 2012. 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 stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3% support tests – 2011. 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 stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization	ASSISTANCE LEAGUE OF SOUTHWEST WASHINGTON	Employer identification number	47-0921393
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Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

- List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 WREATH AUCTION (event type)	(b) Event #2 SPRING TEA (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	69,736.	33,085.		102,821.
	2 Less. Charitable contributions	28,408.	8,577.		36,985.
	3 Gross income (line 1 minus line 2)	41,328.	24,508.		65,836.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,618.	10,369.		26,987.
	8 Entertainment				
	9 Other direct expenses	3,999.	5,455.		9,454.
	10 Direct expense summary Add lines 4 through 9 in column (d)				36,441.
	11 Net income summary. Combine line 3, column (d), and line 10				29,395.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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

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.

a The organization's facility

b An outside facility

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

Name ► _____

Address ► _____

15a Does the organization have a contact 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 of the third party.

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

2012**Open to Public
Inspection**

Name of the organization

ASSISTANCE LEAGUE OF SOUTHWEST
WASHINGTONEmployer identification number
47-0921393**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

PHILANTHROPIC WORK IN THE VANCOUVER WASHINGTON COMMUNITY

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

OPERATION SCHOOL BELL: ALSW PROVIDES CLOTHING AND LITERACY MATERIALS TO CHILDREN

IN NEED IN THREE CLARK COUNTY SCHOOL DISTRICTS, VANCOUVER, EVERGREEN AND WOODLAND.

ALSW MEMBERS SERVE AS LIAISONS WITH THE SCHOOLS, WORKING WITH STAFF TO IDENTIFY
NEEDS, PURCHASING THE GARMENTS AND SUPPLIES AND DELIVERING THEM AS REQUESTED.JUST BECAUSE, A SUB-PROGRAM OF OPERATION SCHOOL BELL, PROVIDES CHILDREN AGES 10-18
WITH TWO SETS OF NEW CLOTHING WHEN THEY ARE PLACED IN FOSTER CARE. THIS PROGRAM
COMMITTEE WORKS WITH THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES IN VANCOUVER, WA.**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**CHILDREN'S OPPORTUNITIES AND POTENTIAL: ALSW WORKS WITH INNOVATIVE SERVICES
NORTHWEST TO HELP CHILDREN WHO HAVE DISABILITIES OR OTHER DISADVANTAGES REACH
THEIR FULL POTENTIAL. THE ORGANIZATION PROVIDES FINANCIAL SPONSORSHIPS,
EDUCATIONAL SUPPLIES AND SKILLED VOLUNTEER HELP IN CLASSROOMS AND THERAPEUTIC
SETTINGS.**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**MY LIFE STORY BOOKS: ALSW MEMBERS AND COMMUNITY VOLUNTEERS MAKE HANDMADE,
FABRIC-COVERED NOTEBOOKS THAT BECOME MEMORY ALBUMS FOR CHILDREN IN FOSTER CARE AS
THEY MOVE WITHIN THE SYSTEM TOWARD ADOPTION. IN A BOOK THE CHILDREN CAN RECORD
THEIR PERSONAL HISTORY, FILLING THEM WITH PHOTOGRAPHS, RECORDS AND LETTERS.**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?

No

Name of the organization	ASSISTANCE LEAGUE OF SOUTHWEST WASHINGTON	Employer identification number
		47-0921393

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (continued)

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

2012

Schedule O - Supplemental Information
ASSISTANCE LEAGUE OF SOUTHWEST
WASHINGTON

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47-0921393

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Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name:	OPERATION SCHOOL BELL & JUST BECAUSE
Relationship of Donee:	NONE
Description of Property:	CLOTHING & LITERARY MATER
Book Value:	39,094.
Method Used to Determine BV:	COST
Fair Market Value:	\$ 39,094.
Method Used to Determine FMV:	CURRENT COST

Donee's Name:	CHILDRENS' OPPORTUNITIES
Cash Amount Given:	\$ 11,000.
Description of Property:	SUPPLIES
Book Value:	1,104.
Method Used to Determine BV:	COST
Fair Market Value:	1,104.
Method Used to Determine FMV:	CURRENT COST

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$ 1,349.
Depreciation	272.
INDIRECT FUNDRAISING EXPENSES	8,938.
Insurance	703.
MISCELLANEOUS EXPENSE	152.
NATIONAL DUES	2,170.
Office Expenses	270.
OTHER MEMBERSHIP EXPENSES	857.
STORAGE RENTAL	164.
Total \$	<u>14,875.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 167.	\$ 0.
Inventories	6,027.	5,395.
Machinery and Equipment	375.	103.
Prepaid Expenses and Deferred Charges	2,170.	2,600.
Total \$	<u>8,739.</u>	<u>8,098.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 63.	\$ 0.
Deferred Revenue	4,340.	5,015.
Total \$	<u>4,403.</u>	<u>5,015.</u>

2012

Schedule O - Supplemental Information

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Client ASSTLEAG

ASSISTANCE LEAGUE OF SOUTHWEST
WASHINGTON

47-0921393

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Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants</u>	<u>Program Service Expenses</u>
ASK (ASSAULT SURVIVORS KITS): ALSW PROVIDES CLOTHING AND PERSONAL ITEMS TO SURVIVORS OF ASSAULT, BOTH WOMEN AND CHILDREN, WHO VISIT THE EMERGENCY ROOMS OF THREE OF SOUTHWEST WASHINGTON AREA HOSPITALS.		1,451.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 1,451.

5/31/13

2012 Federal Book Summary Depreciation Schedule

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Client ASSTLEAG

ASSISTANCE LEAGUE OF SOUTHWEST
WASHINGTON

47-0921393

10/08/13

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Machinery and Equipment										
1	COMPUTER	10/15/08		1,361			986	S/L	5	272
	Total Machinery and Equipment			1,361		0	986			272
	Total Depreciation			<u>1,361</u>		<u>0</u>	<u>986</u>			<u>272</u>
	Grand Total Depreciation			<u>1,361</u>		<u>0</u>	<u>986</u>			<u>272</u>

10/08/13

Client ASSTLEAG

47-0921393

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No.	Description	Date Acquired	Date Sold	Cost/Basis	Bus. Pct.	Cur. 179 Bonus	Special Depr. Allow.	Prior 179/ Sp. Depr.	Prior Dec. Bal.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Form 990/990-PF																	
1	COMPUTER		10/15/08			1,361						1,361	986	S/L	5		
	Machinery and Equipment															272	
	Total Machinery and Equipment					1,361	0	0	0	0		1,361	986				272
	Total Depreciation					1,361	0	0	0	0		1,361	986				272
	Grand Total Depreciation					1,361	0	0	0	0		1,361	986				272