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

OMB No 1545-0047 2012

Department of the Treasury

ization may have to use a copy of this return to satisfy state reporting re

Open to Public

	men	nai Revenue Service	The organization may have to use a copy of this return to satisfy state reporting	ig requirements	mapection
, i	Δ	For the 2012 ca	lendar year, or tax year beginning 6/01 , 2012, and ending	5/31	, 2013
	В	Check if applicable	C		er Identification Number
		Address change	Assistance League of Santa Ana	05-4	2126982
6)		H -	1037 West First Street	E Telepho	
ener'y. Name		Name change	Santa Ana, CA 92703	i '	
		Initial return	Salica Alia, CA 32703	714	. 664 . 0547
		Terminated			
$\mathcal{O}_{\mathcal{I}}$		Amended retur		G Gross re	eceipts \$ 685,512.
Mari		Application per	F Name and address of principal officer Kay Housley	(a) Is this a group return	
つかこうのころ	٠			(b) Are all affiliates incl If 'No,' attach a list	
_		Tax-exempt statu	s X 501(c)(3) 501(c) ()	If 'No,' attach a list	(see instructions)
<u></u>	•				_
	J ₂	Website: ►		(c) Group exemption nu	
CÉ	Ķ_	Form of organization		on 1939 Mis	tate of legal domicile CA
Č	<u>Pa</u>	art I Summ 1 Briefly de nonpre voluntident 2 Check th 3 Number of Number of Total num 7 a Total unr	nary		
<u> </u>	·	1 Briefly de	scribe the organization's mission or most significant activities <u>Assistance</u>	e League of	Santa Ana, a
	S a.	nonpre	fit corporation and chartered chapter of National	l Assistance	League, is a
16	Š	volun	eer organization whose members assist the communi		
4	-E	ident	fying and serving the needs of its citizens throu		
	Š	2 Check th	s box I if the organization discontinued its operations or disposed of mor		
	ဗ	3 Number	f voting members of the governing body (Part VI, line 1a)		3 16
	જ	4 Number	f independent voting members of the governing body (Part VI, line 1b)		4 16
	ë	5 Total nur	iber of individuals employed in calendar year 2012 (Part V, line 2a)		5 6
	₹	6 Total nur	nber of volunteers (estimate if necessary)		6 444
	닿	7 a Total unr	elated business revenue from Part VIII, column (C), line 12		7a 0.
			ated business taxable income from Form 990-T, line 34		7b 0.
-				Prior Year	Current Year
		8 Contribut	ons and grants (Part VIII, line 1h)	280,7	
	Revenue		service revenue (Part VIII, line 2g)	17,4	
	/en	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		
	Be}	1	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,6	
	_ :	1		112,2	
-			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).	517,1	
			d similar amounts paid (Part IX, column (A), lines 1-3)	163,2	163,501.
			oaid to or for members (Part IX, column (A), line 4)		
	s	15 Salaries,	other compensation, exhibitive benefits (Part IX, column (A), lines 5-10)	175,3	155,068.
	Se	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		3,512.
	Je.	h Total fun	draising expenses (Part, IX, column, (D), line 25) > 100, 575.		
2014	Expenses	17 04		<u> </u>	
Z0		17 Other ex	penses (Part IX Golumn (A), lines 1-Ta-11d, 1) 1-24e)	254,7	
30		18 Total exp	enses Add lines 13-17 (must equal Part IX solumn (A), line 25)	593,2	270. 580,780.
2		19 Revenue	less expenses, Subtracting 18 from line 12	-76,1	.40. 54,169.
	9 9		100	Beginning of Curren	
JAN	100	20 Total ass	ets (Part X, line 16)	3,423,0	
7	ĀB	21 Total liab	ilities (Part X, line 26)	32,6	
	žŽ	22 Net asse	s or fund balances Subtract line 21 from line 20	3,390,3	
ᄣ	Da			3,330,3	3,373,290.
			ture Block		
₹ 8	com	er penalties of perjur iplete Declaration of	r. I declare that I have examined this return, including accompanying schedules and statements, and to the preparer (other than officer) is based on all information of which preparer has any knowledge	ne best of my knowledge	and belief, it is true, correct, and
က္ က			V-H day la	1-7	-19227
ָרויי	<u>٠</u> ٠.	F	malure of drucer	Date / Z	-18-2013
	SIĞ	gn s	1 Hugh	5410	
	He	i y _	Katherial J. Housley		
-			. ,	·	LOTIN
			ype preparer's name Preparer's signature Date	Check	If PTIN
	Pa		itherine citual Hattibell 1217.	self-employe	ed P00858780
		eparer Firm's	name		
ı	Us	se Only Firm's	address 1601 Sepulveda Blvd #263	Firm's EIN	>
			Manhattan Beach, CA 90266	Phone no	310.406.6256
Ī	Mar	v the IRS discu	is this return with the preparer shown above? (see instructions)	11 110110 110	X Yes No
_		-	Reduction Act Nation and the connects instructions		A res No

Par		Statement of Program Service Accomplishments	93-21269	<u> </u>	<u> </u>	age Z
rai,		Check if Schedule O contains a response to any question in this Part III				X
1	Briefly	y describe the organization's mission				<u> </u>
•						
	<u>566</u> _	Schedule 0				
		·				- - -
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior		_	_	
	Form	990 or 990-EZ?	П	Yes	X	No
	If 'Yes	s,' describe these new services on Schedule O	_		_	
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program servic	ces?	Yes	X	No
		s,' describe these changes on Schedule O.	_			
4	Descr Section others	ribe the organization's program service accomplishments for each of its three largest program service on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grass, the total expenses, and revenue, if any, for each program service reported.	s, as measur ants and alloc	ed by e ations t	expen 0	ses
4 a	(Code) (Expenses \$ 145,546. including grants of \$ 119,947.) (Rev	enue \$			
	Оре	ration School Bell (OSB)				
		s past year OSB provided 2,109 economically disadvantaged stude	nts at 3	7		
		mentary schools in the Santa Ana Unified School District (SAUSD			mp1	ete
	sch	ool uniforms consisting of two tops, two bottoms, a sweatshirt,	a pair	of ne	ew	
	sho	es, and five pairs of underwear and socks. The students also r	eceived	a <u>ne</u> v	<u>. </u>	. _
		kpack filled with school supplies, a new book of their choice,				
		sonal hygiene items including a toothbrush and toothpaste. OSB				
	<u>Ass</u>	istance League of Santa Ana's facility, is the only organization	<u>n provid</u>	ing_:	free	·
		forms to children in SAUSD. The program is volunteer operated,				-
		tributions go directly for tangible supplies that are passed on	_to_the_	stude	ents	_ <u>at</u> _
	no_	cost to them.				
4 t	(Code		enue \$	1	3 <u>, 6</u> 1	38.)
		tal Center	- <u>-</u>		-	
		ated at the Assistance League of Santa Ana's facility, provides				
		e to uninsured students from kindergarten through twelfth grade				
		vided dental care, which included examinations, teeth cleaning,				
		lings, root canals, and extractions to 680 children. The Denta				rea_
		licensed dentists, dental hygienists, bilingual office staff, a ients receive individual instruction on proper oral care and nu				
	- - -		CTTCTOII -	ميسر	7T E -	. – – –
	914	en a dental hygiene kit by the volunteers.				. – – –
						. – – –
			- -			· -
						. – – –
40	: (Code	e) (Expenses \$ 60,838. including grants of \$ 13,080.) (Rev	enue \$			
	Com	munity Assistance				
		vides philanthropic services to residents of Santa Ana includin	σ holida	v ai	 fts	and
		ivities at French Park Care Center, Holiday Gift of Giving to m				, = = =
		ilies, Senior Prom for seniors, assistance to local women's she				. – – –
		abilitation program, and community neighborhood meetings.	. 			. – – –
			- 			· -
			·			
			. 			.
4 (r program services. (Describe in Schedule O) See Schedule O		_		
	<u>`</u>	enses \$ 46,185. including grants of \$ 28,420.) (Revenue \$		670.)	
$\overline{}$		program service expenses ► 378, 082.		Fac	- 000	720125
BAA	١	TEEA0102L 08/08/12		rorr	11 230	(2012)

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	3		Х
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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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			
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		X
•	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	11 c		Х
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f	X	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	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, Parts I and IV	14b		Х
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 United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
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 United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17	· -	х
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	18	Х	
	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	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
!	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	<u> </u>

Form 990 (2012) Assistance League of Santa Ana
Part IV Checklist of Required Schedules (continued)

•			Yes	No
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		Х
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	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	_	х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
t	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	-	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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)	00-		v
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29_	Х	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
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		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		х
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		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Forn	990	(2012)

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable1a12			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 6			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		_ X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
 4a 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)? b If 'Yes,' enter the name of the foreign country: ► 	4 a		Х
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	-		
6a 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 as charitable contributions?	6 a		Х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	$\stackrel{\cdot\cdot\cdot}{-}$		
as required?	7 g		ļ
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		-	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter	\neg		
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	:		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		_	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O .	14b		

X

Form 990 (2012) Assistance League of Santa Ana 95-2126982 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

	activity do to thing body and management					
					Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	_ 1 a	16			
	b Enter the number of voting members included in line 1a, above, who are independent	1ь	16			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee?	لتني		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	ne direc	et supervision	3		
4	Did the organization make any significant changes to its governing documents					
_	since the prior Form 990 was filed?			4		X
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? See Schedule O	tion's	assets?	5 6	Х	Х
7	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body? See Schedule 0	ppoint	one or more	7 a	Х	
	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	mbers	See Sch O	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following See Schedule O	during	the year by			
	a The governing body?			8 a	Х	
	b Each committee with authority to act on behalf of the governing body?			8 b		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	reach	ed at the	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required			Code.)	
					Yes	No
10	a Did the organization have local chapters, branches, or affiliates?			10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and bran	nches to ensure their	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	o s	ee Schedule O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		oc bonounte o	12 a	Х	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?	could g	ive rise	12 b	х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this is done See Schedule O	Yes,' de	escribe in	12 c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approving persons, comparability data, and contemporaneous substantiation of the deliberation and de	al by ir	ndependent ?			
	a The organization's CEO, Executive Director, or top management official			15 a		Х
	b Other officers of key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	arran	gement with a	16 a		х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	ite its s to sa	feguard the	16b	_	
Sec	ction C. Disclosure					L
17			.		-	
18		nd 99	0-T (501(c)(3)s only) av	/aılabl	e for	public
	Own website X Another's website X Upon request Oth		olaın ın Schedule O)			
	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year. See Schedule O			able to		
20	State the name, physical address, and telephone number of the person who possesses the books a		-			
3A/	Shirley Dunn 1037 West First Street Santa Ana CA 92703 7	14.6	<u>64.0547</u>	Eorm	990 (2012
				1 0111		

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 VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<u> </u>	T .	<u> </u>	<u>. </u>	(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	tion (do not check more than pox, unless person is both an icer and a director/trustee) (D) Reportable compensation from the organization related organization related organization related organization related organization.							(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Judy Tschetter	40	1								
President		X		X				0.	_0.	0.
(2) Kay Housley	30									
President Elect	0	X		X				0.	0.	0.
(3) Linda Oelschlager	10									
Vice President	0	X		X				_ 0.	0.	0.
(4) Susana Kay	20							-		
Vice President	7 0 0	Х		Х			İ	0.	0.	0.
(5) Nancy Murrieta	20									
Vice President	7 0	X		Х				0.	0.	0.
(6) Joyce Covert	10									
Secretary	0	X		X				0.	0.	0.
(7) Jennifer Coulson	30				_					
Treasurer	0	X		X				0.	0.	0.
(8) Carol Williams	12				,					
Board Member	0_	X						0.	0.	0.
(9) Dorothee Morse	10									
Board Member	0	<u> </u>						0.	0.	0.
(10) Jan Wilhelm	15									
Board Member	0	X						_ 0.	_0.	0.
(11) Gayle McLean	20									
Board Member	0	X						0.	_0.	0.
(12) Charlotte Waggoner	10									
Board Member	0	X			L			0.	0.	0.
(13) Maggie Hart	10									
Board Member		X						0.	0.	0.
(14) Jackie Oakes	10					-				
Board Member		X			L			0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees,	Key	Em	plo	oye	es, a	anc	Highest Con	pensated Empl	oyees	(cor	nt)
· -	(B)			(0	•							
(A) Name and title	Average hours per week	box	ess pe	erson direct	than out	n an lee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) timated int of oth		
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga and	pensation the anization of the anization)
(15) Harriet Rodiger Board Member	20_	x						0.	0.	_		0.
(16) Jill Picone Board Member	$-\frac{20}{0}$	X						0.	0.			0.
(17)												
(18)		-										
(19)												
(20)												
(21)												
(22)											-	
(23)		-										
(24)												
(25)												
1 b Sub-total		•			•	•	>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A						>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those	listed	abo	ve) v	who	recen	ved	more than \$100,00	0 of reportable comp	ensation	1	
3 Did the organization list any former officer, direc	tor or true	stoo	kov	om	nlo		vr hi	ighost component	ad ampleyee		Yes	No
on line 1a? If 'Yes,' complète Schedule J for suc	h ındıvıdı	ıal							, ,	3		_X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$	150,0	00?	If '	es'	com	plet	e Schedule J for	irom	4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compei , ' <i>comple</i>	nsatio	on fr <i>chec</i>	om dule	any J fo	unre or suc	late ch p	ed organization or erson	ındıvıdual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	cated ind	lonon	don	1.00	ntro	otoro	the	t recovered more t	han \$100 000 of			
compensation from the organization Report compen	sation for	the c	alen	dar	rıtı a year	endi	ına ng v	vith or within the or	ganızatıon's tax year			
(A) Name and business add	ress							Description	of services	Compe) nsatio	n
	_		_									
												
2 Total number of independent contractors (including to		iited t	o the	ose	liste	abo	ve)	who received more	than			
\$100,000 in compensation from the organization	- 0	TEFA								Farm	200	0010

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (A) Total revenue **(B)** (D) Related or Revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS
AND GTHER SIMILAR AMOUNTS 1 a Federated campaigns 1 a **b** Membership dues 1 b 22,533 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 2<u>98,936</u> g Noncash contributions included in Ins 1a-1f* \$ 204,912 h Total. Add lines 1a-1f 321,469 PROGRAM SERVICE REVENUE Business Code 2a Dental Center & SEE 621300 14,358 14,358 f All other program service revenue g Total. Add lines 2a-2f 14,358 Investment income (including dividends, interest and other similar amounts) 194,366 194,366. Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents 80,204 b Less. rental expenses 20,597 c Rental income or (loss) 59,607 d Net rental income or (loss) 59,607 59<u>,6</u>07. (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c). See Part IV, line 18 75,115 **b** Less direct expenses 29,966 c Net income or (loss) from fundraising events 45,149 45,149. 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses. c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 634,949 14,358 299,122

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) Check if Schedule O contains a response to any question in this Part IX **(A)** Total expenses (B) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 163,501 163,501 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 0. 0 0 0 Other salaries and wages 81,153 29,955. 43,960. 155,068 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes. 11 Fees for services (non-employees): a Management **b** Legal c Accounting 26,274. 5,580 11,825 8,869. d Lobbying e Professional fundraising services See Part IV, line 17 3,512 3,512 f Investment management fees 16,374. 16,374 g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0). 55,184 55,184 Advertising and promotion 998 1,488 490. 13 Office expenses Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 8,836. 2,652. 6,184 20 Interest 21 Payments to affiliates 7,265 7,265 22 Depreciation, depletion, and amortization 17,647 12,579 1,601 3,467. 23 Insurance 29,943 15,109 3,511 11,323. Other expenses. Itemize expenses not covered above (List miscellaneous expenses of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Supplies_____ 28,167 7,063 4,221. 16,883 b Utilities_____ 5,283 26,458 11,748 9,42<u>7.</u> 5,490 12,958. 4,833. c Repairs & Maintenance 2,635. **d** Other 10,193. 78. 2,705. 7,410. e All other expenses 6,724. 17,912 8,125 3,063. Total functional expenses. Add lines 1 through 24e 580,780 378,082 102,123. 100,575. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► If following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1,450 1,450. Savings and temporary cash investments 93,056 2 83,915. Pledges and grants receivable, net 3 3 35,000. Accounts receivable, net 13,756 4 12,214. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 39,774 50,048. Prepaid expenses and deferred charges 9 6,712. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 2,839,098 10b b Less, accumulated depreciation 10 c 1,513,715 1,269,689 1,325,383. Investments - publicly traded securities 2,005,314 11 2,093,770. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,423,039 3,608,492. Accounts payable and accrued expenses. 17 17 13.861 17,774. 18 Grants payable 18 Deferred revenue 19 15,428. 18,825 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 26 32,686 33,202. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 3,358,157 3,495,666. Temporarily restricted net assets 28 32,196 79,624. 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. 33 3,390,353 3,575,290. 34 Total liabilities and net assets/fund balances 34 3,608,492. 3,423,039 BAA Form 990 (2012)

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Forn		5-212	<u> 5982</u>		Pa	ige 12
Pa	t 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		6	34,9	949.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	80,7	780.
3	Revenue less expenses Subtract line 2 from line 1	3			54,1	L69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,3	90,3	353.
5	Net unrealized gains (losses) on investments .	5		1	30,7	768.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments.	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,5	75,2	290.
Pa	rt XII Financial Statements and Reporting	-	1			
	Check if Schedule O contains a response to any question in this Part XII					
		<u> </u>		T	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_	[; .'		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				,	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		Ì	2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on	а	,		
	X Separate basis Consolidated basis Both consolidated and separate basis					
1	b Were the organization's financial statements audited by an independent accountant?			2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate		,		
	Separate basis Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit, ·		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le		3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt		3 b		
BAA				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			of Santa Ana							126982			
				(All organizations					See II	nstruct	ions.		
The o		•		e it is: (For lines 1 thro	-		-	•					
1	A cl	hurch, conventioi	n of churches or assoc	ciation of churches desc	cribed in	section	n 170(b)	(i)(A)(I)					
2	A so	chool described i	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	∏ A ho	ospital or a coop	erative hospital servic	e organization describe	d in sec	tion 17	0(b)(1)(A	Xiii).					
4				in conjunction with a h					0(Ь)(1)(AXIII). Er	nter the hos	spital's	5
	\Box	ne, city, and state		•	·							•	
5	An o	organization opera (b)(1)(A)(iv). (Co	ated for the benefit of a symplete Part II.)	college or university own	ed or ope	erated by	y a gove	nmenta	unit des	scribed in	section		
6				overnmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).					
7	An o	organization that r ection 170(b)(1)(normally receives a subs (A)(vi). (Complete Par	stantial part of its support t II.)	t from a	governm	ental un	t or fron	n the ger	neral pub	olic described	į	
8	∐ A co	ommunity trust d	escribed in section 17	'0(b)(1)(A)(vi). (Comple	te Part I	1)							
9	☐ relat	ted to its exemnt f	functions — subject to co	re than 33-1/3% of its supertain exceptions, and (2, 1 tax) from businesses acq	no mor	a than 3'	3.1/3% 6	if ite eiin	nort fron	n arnee II	nvectment ir	m activ icome	vities and
10	∐ An ∈	organization orga	anized and operated e	xclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).				
11		ported organizatio	zed and operated exclus ns described in section tion and complete line	ively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h.	perform (a)(2) Se	the function sections	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes ox that de	of one or mo escribes the	re publ type of	licly f
	a∫	Type I t	Type II c	Type III - Function	nally inte	grated		ı 🗌 :	Type III	- Non-f	unctionally	integr	ated
е	☐ othe	 checking this box er than foundation tion 509(a)(2).	c, I certify that the org managers and other that	anization is not controll an one or more publicly s	led directions	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	lified persoi)(1) or	าร	
f	If the		eived a written determin	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizati	ion,		
g	Sino	ce August 17, 20	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	ş?		
_		•		, , , ,			,		3		-	Yes	No
	(i)	A person who below, the gov	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)		
	(ii)	A family memb	per of a person descri	oed in (i) above?							11 g (ii)		
	(iii)	A 35% controll	ed entity of a nerson i	described in (i) or (ii) a	hove?							\vdash	
h				e supported organization							11 g (iii)		
		lame of supported	(ii) EIN		T	a tha	63 0.4		4.51	- 11	(vii) Amoun	of mon	oton.
	Wit	organization	(1) = 11	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i	ation in) listed in verning	(v) Did yo the organ column (supp	ization in	organiz colur organize	s the tation in min (i) ed in the S ?		port	etary
	-				Yes	No	Yes	No	Yes	No			
(A)													
						<u> </u>	†		l				
<u>(B)</u>													
(C)							:						
<u>(D)</u>													
(E)													
													-
Total							1				1		
BAA	For Pap	perwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (Forn	n 990 or 990	-EZ) 2	012

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning 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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning 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					ï.	
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 active	uties, etc (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and		on's first, second, th	nird, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	• •	``	ne 11, column (f))		14	%
	Public support percentage from			•		15	<u></u> %
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported o	box on line 13, ar irganization	nd the line 14 is 3	3-1/3% or more,	check this box
t	33-1/3% support test – 2011. If t and stop here. The organization	the organization qualifies as a pi	did not check a bo ublicly supported o	ox on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	hox and stop her	ne Explain in Part	IV how
t	 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and 	meets the 'facts-	and-circumstance	s' test, check this	hox and stop her	e . Explain in Part	15 is 10% IV how the ►
18	Private foundation. If the organization					_	structions -
DAA			· · ·	-			

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)

Sec	tion A. Public Support		·				
Calen	dar 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.').	352,518.	279,334.	325,248.	280,749.	321,469.	1,559,318.
2	Gross receipts from admis- sions, merchandise sold or					į	
	services performed, or facilities	1					
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	83,644.	15,495.	12,423.	17,461.	14,358.	143,381.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513		75,607.	70,657.	75,289.	75,115.	296,668.
4	Tax revenues levied for the		73,007.	10,031.	13,203.		230,000.
	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.
	Total. Add lines 1 through 5	436,162.	370,436.	408,328.	373,499.	410,942.	1,999,367.
7 a	Amounts included on lines 1, 2, and 3 received from	T					
	disqualified persons	2,400.	2,400.	2,400.	2,400.	2,400.	12,000.
b	Amounts included on lines 2			,			
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or		j				
	1% of the amount on line 13 for the year	58,866.	31,296.	36,038.	9,956.	4,045.	140,201.
c	Add lines 7a and 7b	61,266.	33,696.	38,438.	12,356.	6,445.	152,201.
	Public support (Subtract line	01,200.	33,030.	30, 330.	12,330.	0,443.	132,201.
	7c from line 6)						1,847,166.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6	436,162.	_370,436.	408,328.	373,499.	410,942.	1,999,367.
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,		1				
	royalties and income from similar sources	100 507	164 706	146 704	106 255	074 570	000 040
b	Unrelated business taxable	120,537.	164,796.	146,784.	186,355.	274,570.	893,042.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	120,537.	164,796.	146,784.	186,355.	274,570.	893,042.
11	Net income from unrelated business				,		
	activities not included in line 10b, whether or not the business is						
	regularly carried on				<u> </u>		0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						_
12	Part IV.)	FFC 600	F35 633		550 051	- 605 513	0.
	Total support. (Add Ins 9, 10c, 11, and 12)		535, 232.	555,112.	559,854.	685,512.	2,892,409.
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	a, thira, fourth, o	r τιπη tax year as	a section 501(c)(5) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage		··		
15	Public support percentage for 20)12 (line 8, column	(f) divided by lin	e 13, column (f))		15	63.86 %
16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	73.91 %
Sec	tion D. Computation of Inv				<u> </u>		
17	Investment income percentage f	or 2012 (line 10c,	column (f) divided	d by line 13, colu	ımn (f))	17	30.88 %
18	Investment income percentage f	rom 2011 Schedul	e A, Part III, line	17		18	26.09 %
19 <i>a</i>	33-1/3% support tests - 2012. If	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/3%, a	nd line 17
	is not more than 33-1/3%, check						
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%						nization -
20	Private foundation. If the organia	zation did not che	ck a box on line 1	4, 19a, or 19b, o	theck this box and	see instructions	▶ 🗇

	(Form 990 or 990-EZ) 2012	Assistance	League	of Santa	Ana	95-2126982	Page 4
Part IV	Supplemental Information Part II, line 17a or 1 (See instructions).	nation. Complete 7b; and Part III, Iır	this part the 12. Also	to provide to complete	the explanations this part for any	required by Part II, line additional information	; 10;
	· 			·			
-	· 	-					
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

				Employ	er identincation i	lamber
Άs	sistance League of Santa Ana			95-2	126982	
	rt Organizations Maintaining Dono	r Advised Funds or Other	Similar Fund			e if
	the organization answered 'Yes'	to Form 990, Part IV, line 6).		. 00mp.ot	
		(a) Donor advised fun	ds	(b) Funds ar	nd other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)				•	
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal col	sets held in don	or advised funds	∏Yes	∏ No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, or	that grant funds r for any other p	can be used only purpose conferring	Yes	 ∏ No
Pa	rt II Conservation Easements. Comp	lete if the organization ans	wered 'Yes'	to Form 990. Pa	art IV. line	7.
1		the organization (check all that	apply).			· ·
	Preservation of land for public use (e g , r	ecreation or education)	Preservation of	an historically imp	ortant land a	rea
	Protection of natural habitat	H	Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contrib	ution in the form	of a conservation ea	asement on th	e
					he End of the	e Tax Year
	a Total number of conservation easements			2 a		
	b Total acreage restricted by conservation easer			2 b		
	c Number of conservation easements on a certif		` `	2 c		
	d Number of conservation easements included in structure listed in the National Register			2 d		
	Number of conservation easements modified, trantax year ▶		terminated by the	e organization during	the	
4	Number of states where property subject to conse	rvation easement is located >				
5	and enforcement of the conservation easemer	nts it holds?		•	Yes	No
6	Staff and volunteer hours devoted to monitoring, i				_	
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation e	asements during	the year		
8	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its reve to the organization's financial sta	nue and expense tements that de	e statement, and bal scribes the organiz	ance sheet, a ation's accou	nd unting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Tr wered 'Yes' to Form 990, P	easures, or (Other Similar A	ssets.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, o	or research in fuid	ue statement and be therance of public se	palance sheet ervice, provide	works of
	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report or public exhibition, education, or re	in its revenue s search in furthera	tatement and balar ance of public servic	nce sheet wo e, provide the	rks of art,
	(i) Revenues included in Form 990, Part VIII,	line 1	•	►	\$	
	(ii) Assets included in Form 990, Part X			•	\$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar 116 (ASC 958) relating to these i	assets for financi tems	al gain, provide the	following	
	a Revenues included in Form 990, Part VIII, line			•	\$_	
	b Assets included in Form 990, Part X				\$	

Schedule D (Form 990) 2012 Assi:	stance Le	ague	of Santa	Ana	<u> </u>	95-212	6982		Page 2
Part III Organizations Mainta							<u>-</u> _		ied)
 Using the organization's acquisition items (check all that apply): Public exhibition 	i, accession, ar	nd other				re a significant use of its	collectio	n	
. H			} -		nange programs				
b Scholarly research c Preservation for future gener	rations		e Other						
4 Provide a description of the organiz		ons and	explain how they	y further	the organization'	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or han to be mail	receive ntained	donations of ar	rt, histo organiza	rıcal treasures, c atıon's collection	or other similar assets	Yes	Γ	No
Part IV Escrow and Custodial Arr	angements. C	omple	te if the organiz				ne 9, or		
reported an amount o	n Form 990	, Part	X, line 21.						
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodiar	n, or ot	her intermediary	for co	ntributions or oth	ner assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	ın Part XIII aı	nd com	plete the follow	ıng tabl	e:		_	_	
							Amoun	t	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance			D	_		1f			
2 a Did the organization include an a							☐ Yes	-	No
b If 'Yes,' explain the arrangement	in Pari XIII (леск п	iere ir the explai	ntion na	as been provided	i in Part XIII		L	
Part V Endowment Funds. C	omplete if t	he or	ganization ar	ISWAT	ed 'Yes' to Fo	rm 990 Part IV Ju	20 10		
- art v artasi c	(a) Current		(b) Prior yea		(c) Two years	(d) Three years		our yea	rs
1 a Beginning of year balance			(2) 1101 900	-	(-))	(a) mee years	1-07		
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships							+		
e Other expenditures for facilities and programs					<u> </u>				
f Administrative expenses							1		
g End of year balance					<u> </u>				
2 Provide the estimated percentag	e of the currer	nt year	end balance (lir	ne 1g, d	column (a)) held	as			
a Board designated or quasi-endowm			%						
b Permanent endowment			•						
c Temporarily restricted endowmer									
The percentages in lines 2a, 2b,		•							
3 a Are there endowment funds not in to organization by	he possession	of the o	organization that a	are held	and administered	I for the	[Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)	_	
b If 'Yes' to 3a(ii), are the related of							3Ь		
4 Describe in Part XIII the intended									
Part VI Land, Buildings, and Description of property						() A	(-18)	5	
Description of property			st or other basis nvestment)		Cost or other asis (other)	(c) Accumulated depreciation	(a) i	Book va	aiue
1 a Land					943,320.			943	,320.
b Buildings					1,653,014.	1,153,338.			676.
c Leasehold improvements									
d Equipment					17,242.	17,242.			0.
e Other					225,522.	343,135.		-117,	,613.
Total. Add lines 1a through 1e. (Colum	nn (d) must eq	ual For	rm 990, Part X, o	column	(B), line 10(c).)	. •			383.
BAA						Sched	lule D (Fo	orm 990	2012

Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financ	cial derivatives			
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C) (D) (E)				
(D)				
(E)		·		
(F)				
(G)				
(H)				
(1)		·		
	mn (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
(1)			dia di your market value	
(2)	 			
(3)	- , 	<u> </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,			
	(a) De	escription	(b) Book v	alue
(1)				
(2)	-			
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)	 			
	olumn (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X	Other Liabilities. See Form 990, Part			
I di CX	(a) Description of liability	(b) Book value		
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	-			
(9)				
(10)				
(11)				
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 25.)	•		
2 FIN 40 /	ASC 740) Englants In Boot VIII, provide the toyt of the feetnate	to the second of the		

· ·			
Schedule D (Form 990) 2012 Assistance League of Santa Ana		95-2126982	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return N/A	
1 'Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities.	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return N/A	
Total expenses and losses per audited financial statements		1	_
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			-
a Donated services and use of facilities.	2a		
b Prior year adjustments	2 b		
c Other losses .	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	<u> </u>	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also co	Part III, lines 1a and 4; Par omplete this part to provide	t IV, lines 1b and 2b, any additional inform	Part V, nation
Part X - FIN 48 Footnote			
The Organization has applied the provisions of Fi	nancial Accounting	g Standard Bo	ard's
Interpretation (FIN) No. 48, Accounting for Uncer	tainty in Income	Taxes,	_ _
subsequently included in the Codification as ASC	740		
Under ASC 740, nonpublic enterprises, including n			
required to record a tax liability when substanti	al uncertainties	exist as to	
		-	
whether certain income is exempt from federal, st	ace and focal inc		
		Schedule D (Form	1 330) 2012

Schedule D (Form 990) 2012 Assistance League of Santa Ana	95-2126982	Page 5
Part XIII Supplemental Information (continued)		
Part X - FIN 48 Footnote (continued)		
May 31, 2013, the Organization had no substantial uncertain inc	come_tax_positions.	'
The Organization's federal returns are subject to examination be	oy federal taxing	
authorities, generally for three years after they are filed and	d_state_returns_are	e
subject to examination by state taxing authorities, generally f	for four years afte	er
they are filed.		
	-	
	 	
	_ 	
	-	
	-	
		
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		- -
		<u>-</u>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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.

Open to Public Inspection

Name o	f the organization				 -		Employer identifica	tion number
Ass:	istance League of Sant	a Ana					95-212698	2
Part	TOTAL STORES	quired to comp	lete this pa	art.				
1	Indicate whether the organization	raised funds thi	ough any	of the foll	owing activities Check	all that	apply.	
а	Mail solicitations			е	Solicitation of non-	governn	nent grants	
b	Internet and email solicitations	5		f	Solicitation of gover	rnment	grants	
С	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations							
2 a	Did the organization have a written o employees listed in Form 990, Par	r oral agreement t VII) or entity i	t with any ii in connect	ndıvıdual (ı ıon with p	ncluding officers, director rofessional fundraising	s, truste services	es or key s?	Yes X No
	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by th	iduals or entities le organization	(fundraise	rs) pursua	nt to agreements under w	hich the	fundraiser is to	be
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custor of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or i	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8							-	
9								
10								
Total		 	.1	-				0.
3	List all states in which the organizati or licensing	on is registered	or licensed	to solicit o	ontributions or has been	notified	it is exempt from	registration
			- 					
			_					
		 _						
								
			_ _					
		- -			- 	- 		
							-	

Schedule G (Form 990 or 990-EZ) 2012 Assistance League of Santa Ana	95-2126982	Page 2
Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990,	Part IV, line 18, or	r reported

		more than \$15,000 of fundraising List events with gross receipts gre	event contribution:	s and gross income	on Form 990-EZ,	lines 1 and 6b.
RE			(a) Event #1 Annual Event (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
RE>ENUE	1	Gross receipts	75,115.			75,115.
Ě	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2).	75,115.			75,115.
	4	Cash prizes .				
_	5	Noncash prizes.				
DIRECT	6	Rent/facility costs				
	7	Food and beverages	10,433.			10,433.
EXPENSES	8	Entertainment	3,200.			3,200.
N S	9	Other direct expenses	16,333.			16,333.
Š	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)			29,966.
		Net income summary. Combine line 3, co	olumn (d), and line 10		. •	45,149.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes		_		
D X I P R E	3	Non-cash prizes				
D I R N S E C T S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine I	lines 1, column (d) and	line 7	•	
		er the state(s) in which the organization op ne organization licensed to operate gaming	perates gaming activitie	es		☐ Yes ☐ No
		la ! avalam				
		e any of the organization's gaming license es,' explain.	es revoked, suspended		e tax year?	Yes No
BAA			TEEA3702L 0	01/07/13	Schedule G (Form	n 990 or 990-EZ) 2012

	edule G (1 01111 990 01 990 EZ) 2012 ASSISTANCE LEAGUE OI SANTA MIA	32-2120302	raye 3
	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	1 1	
	a The organization's facility	13a	%
1	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds.	
	Name •		
	Address •		
15:	a Does the organization have a contact with a third party from whom the organization receives gaming rever	nue? Ye :	s No
	b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and		J
	of gaming revenue retained by the third party ► \$		
•	c If 'Yes,' enter name and address of the third party		
	Name •		
	Address b		į
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
1	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	; □Ye	s No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		5 140
	organization's own exempt activities during the tax year > \$	11 410	
Pa	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app this part to provide any additional information (see instructions).	ed by Part I, line licable. Also con	e 2b, nplete
			 -

SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2012

OMB No 1545-0047

Open to Public . Inspection

Employer identification number

95-2126982

Assistance League of Santa Ana

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? Part I General Information on Grants and Assistance

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

X Yes

% □

See Part IV

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
			_				
(5)							
(9)							
(A)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or		isted in the line 1 table			•	
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table	:	:			C

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

(Form 990) (2012) Assistance League of Santa Ana Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III Grants and Oth

(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
1 Scholarships	20	19, 250.	11,224. Cost	Cost	School supplies and equipment
2 School clothing	2, 109		119,947. Cost	Cost	Clothing, shoes, and backpacks
3 Children toys	45		13,080. Cost	Cost	Children toys
4					
S					
9					
7					
Part IV Supplemental Information. Complete this part to		ovide the informat	ion required in Par	t I, line 2, Part III, col	provide the information required in Part I, line 2, Part III, column (b), and any other

additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Every scholarship recipient receives mentoring from a chapter member as part of the

PROP program. The mentor provides guidance to the scholarship recipient on

collegiate related topics in order to increase the likelihood of successful

completion of college. Other qualifying recipients are identified by local school

district nurses and administration as being in need of relief services.

Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization
Assistance League of Santa Ana
95-2126982

Part I Types of Property

- 41	trypes of Froperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) od of d contrib) etermir ution a	ning mounts
1	Art — Works of art .							
-	Art - Historical treasures	<u> </u>	·					
_	Art - Fractional interests							
4	Books and publications .	-						
	Clothing and household goods	-		181,330.	FMV			
	Cars and other vehicles.			1027000.				
7	Boats and planes			<u> </u>			_	
	Intellectual property							
	Securities – Publicly traded	X	3	13,977.	FMV			
	Securities - Closely held stock .			==/ =				
	Securities – Partnership, LLC, or trust interests							
	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							-
14	Qualified conservation contribution — Other							
15	Real estate - Residential			 .				
16	Real estate - Commercial				<u> </u>			
17	Real estate - Other			·				
18	Collectibles							
19	Food inventory	-						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					-		
25	Other ► (Operating exp)			1,534.	FMV			
	Other > (Prog supplies)			8,071.		-		
	Other ()		· · · · · · · · · · · · · · · · · · ·	3,3123				
28	Other ()							
	Number of Forms 8283 received by the organization of	during the tax	vear for contributions for	r which the				
	organization completed Form 8283, Part IV, Done				29			
							Yes	No
30a	During the year, did the organization receive by o	contribution a	any property reported in	Part I, lines 1-28 that	ıt must			
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?								х
h	If 'Yes,' describe the arrangement in Part II					30 a		
	Does the organization have a gift acceptance pol	ons?	31		Х			
32a	Does the organization hire or use third parties or							
	noncash contributions?	•				32 a		X
b	If 'Yes,' describe in Part II							
33	If the organization did not report an amount in colum	n (c) for a typ	e of property for which c	olumn (a) is checked,				
	describe in Part II.					1		

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

Schedule M (Form 990) 2012

Schedule	e M (Form 990	0) 2012	Assist	ance I	League	of	Santa	Ana				95-	2126982	Page 2
Part II	Supplem and 33, number	nental In and whe of items	formation the received	on. Comorganiz	plete the ation is	repo	art to propring in	ovide Part Also	the information the informatio	mation (b), this	n require the number	red by P nber of o	art I, line contributional in	s 30b, 32b, ons, the oformation.
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Assistance League of Santa Ana	95-2126982
Form 990, Part III, Line 1 - Organization Mission	
Assistance League of Santa Ana, a nonprofit corpora	tion and chartered chapter of
National Assistance League, is a volunteer organiza	tion whose members assist the
community of Santa Ana by identifying and serving t	he needs of its citizens through
philanthropic projects.	
Form 990, Part III, Line 4d - Other Program Services Description	
Pupil Recognition Opportunity Program (PROP)	
Awards_college_scholarships_to_seniors_graduating_f	rom Santa Ana Unified School
District's Regional Occupational Program (ROP). St	udents must have teacher
recommendations, the desire to attend either a 4-ye	ar college or a community
college, and a financial need. Scholarships are pa	id after verification of
enrollment on a semester or quarter basis. Unique	to the scholarship program is
that each student also receives one-on-one mentorin	g from an Assistance League
member_volunteer_while_attending_collegeMany_rec	ipients are the first in their
family_to_attend_college. Each year_between 20-25_	scholarships are awarded and
presented at a spring reception at the Assistance L	eague facility for the
recipients' families, teachers, principals, and SAU	SD guests.
Form 990, Part VI, Line 6 - Explanation of Classes of Members or	
The membership is composed of voting and nonvoting	members. Membership as a voting
or nonvoting member is open without discrimination	to all individuals as long as
they comply with the responsibilities of members.	

Name of the organization	Employer identification number
Assistance League of Santa Ana	95-2126982
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod	ـــــــــــــــــــــــــــــــــــــ
The Organization's members elect the board members at the elect	ion_meeting_held_in
April	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders
Voting members elect the governing board of directors. In addi	tion, the membership
approves the budget and any other matters relating to time and	money
Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation o	f Meetings
No committee has authority to act on behalf of the governing bo	ody
Form 990, Part VI, Line 11b - Form 990 Review Process	·
Form 990 was first reviewed and recommended for Board approval	by the Finance
Committee. The Board of Directors then reviewed the Form 990 a	and approved it.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	iflicts
Conflicts of interest are monitored by the Board of Directors w	whenever decisions are
made on behalf of the organization. All business decisions and	l relationships are
evaluated by the Board of Directors with consideration of elimi	nating conflicts of
interests.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Assistance League of Santa Ana's policies for public inspection	of governing
documents, conflict of interest policies, and financial statements	ents are consistent
with Internal Revenue Service regulations.	·
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