

**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)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

<p><b>B</b> Check if applicable:</p> <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	<p align="center">* * * PUBLIC DISCLOSURE COPY * * *</p> <p><b>ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA</b>                  1370 N. ST ANDREWS PLACE                  LOS ANGELES, CA 90028-8592</p>	<p><b>D</b> Employer Identification Number <u>95-1641960</u></p> <p><b>E</b> Telephone number <u>323-469-1973</u></p> <p><b>G</b> Gross receipts \$ <u>18,861,594.</u></p>
<p><b>F</b> Name and address of principal officer: <u>SUE LEISNER</u>                  SAME AS C ABOVE</p>		<p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If 'No,' attach a list. (see instructions)</p>
<p><b>I</b> Tax-exempt status <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</p>		<p><b>H(c)</b> Group exemption number ▶</p>
<p><b>J</b> Website: ▶ <u>ASSISTANCELEAGUE.NET</u></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of Formation: <u>1923</u> <b>M</b> State of legal domicile: <u>CA</u></p>

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>ALSC OFFERS A FULL SPECTRUM OF COMPREHENSIVE SOCIAL SERVICES WITH PROGRAMS THAT INCLUDE EARLY EDUCATION AND MATERIAL ASSISTANCE FOR CHILDREN, CULTURAL ENRICHMENT FOR YOUTH, COUNSELING FOR FAMILIES, SUPPORT FOR SENIORS AND VOLUNTEER OPPORTUNITIES FOR THE COMMUNITY.</u></p>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a).....	<b>5</b>	301
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>	2,500
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	-32,135.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	-32,135.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b> 8,795,307.	<b>Current Year</b> 10,661,822.
	<b>9</b> Program service revenue (Part VIII, line 2g).....	4,860,845.	4,784,892.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	496,370.	411,637.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-23,554.	21,594.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	14,128,968.	15,879,945.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		831,198.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	7,968,800.	8,516,720.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)▶ <u>230,306.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	5,843,326.	4,797,156.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	13,812,126.	14,145,074.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	316,842.	1,734,871.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16).....	<b>Beginning of Current Year</b> 16,514,584.	<b>End of Year</b> 19,086,950.
	<b>21</b> Total liabilities (Part X, line 26).....	1,479,998.	2,074,582.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	15,034,586.	17,012,368.

**Part II Signature Block**

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

<b>Sign Here</b>	<p>Signature of officer  <u>ANDREA GOODMAN</u>                  Type or print name and title.</p>	<p>Date  <u>BOARD TREASURER</u></p>	
	<p>Print/Type preparer's name  <u>THOMAS J. SCHULTE</u></p>	<p>Preparer's signature                  Date</p>	<p>Check <input type="checkbox"/> if self-employed PTIN</p>
<b>Paid Preparer Use Only</b>	<p>Firm's name ▶ <u>RBZ LLP</u></p>	<p>Firm's EIN ▶</p>	
	<p>Firm's address ▶ <u>11755 WILSHIRE BLVD NINTH FL</u>  <u>LOS ANGELES, CA 90025</u></p>	<p>Phone no. <u>(310) 478-4148</u></p>	

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 2011.

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

Name and title of officer

ANDREA GOODMAN

BOARD TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here. . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b <u>15,879,945.</u>
2a Form 990-EZ check here. . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here. . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here. . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here. . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize RBZ LLP to enter my PIN 45550 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. . . . . 95292111755  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [ ]) (Expenses \$ 4,029,798. including grants of \$ 380,480.) (Revenue \$ 3,547,084.) VOLUNTEER LOS ANGELES ("VLA")

VLA CONNECTS PEOPLE AND BUSINESSES TO ORGANIZATIONS THAT BENEFIT FROM THEIR INVOLVEMENT BY MATCHING VOLUNTEERS WITH COMMUNITY NEEDS AND THROUGH OPERATING A COURT REFERRAL PROGRAM, SENIOR CORPS PROGRAM FOR OLDER VOLUNTEERS AND ORGANIZING THE RECRUITMENT OF MEDICAL VOLUNTEERS IN ADVANCE OF PUBLIC HEALTH EMERGENCIES.

4b (Code: [ ]) (Expenses \$ 2,947,426. including grants of \$ 4,984.) (Revenue \$ 26,119.) FAMILY SERVICE AGENCY ("FSA")

FSA KEEPS FAMILIES SAFE AND STRONG THROUGH THE FAMILY PRESERVATION PROGRAM AND PROVIDES RESOURCES TO HELP PARENTS AND INDIVIDUALS MEET EMOTIONAL AND ECONOMIC CHALLENGES IN HOLLYWOOD, PASADENA, POMONA AND THE SAN FERNANDO VALLEY.

4c (Code: [ ]) (Expenses \$ 2,535,721. including grants of \$ ) (Revenue \$ 1,005,769.) CHILDREN'S SERVICES

THE LEARNING CENTER FOR YOUNG CHILDREN OFFERS EARLY CHILD CARE AND EDUCATIONAL PROGRAMS FOR CHILDREN UP TO FIVE YEARS OF AGE IN A STRUCTURED, NURTURING ENVIRONMENT TO MEET DEVELOPMENT NEEDS. OTHER CHILDREN'S SERVICES PROVIDE AFTER-SCHOOL CARE, SUMMER CAMP AND SUPPORT FOR CHILDREN WITH SPECIAL NEEDS.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O (Expenses \$ 2,489,402. including grants of \$ 445,734.) (Revenue \$ 205,920.)

4e Total program service expenses ▶ 12,002,347.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

**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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

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

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .		
1 a	64		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
2 a	301		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .	X	
4 a	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)? . . . . .		X
b	If 'Yes,' enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6 a	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? . . . . .		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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? . . . . .	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7 e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7 f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	X	
7 h		X	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		
9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
9 b			
10	<b>Section 501(c)(7) organizations. Enter:</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
10 b			
11	<b>Section 501(c)(12) organizations. Enter:</b>		
a	Gross income from members or shareholders. . . . .		
11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
11 b			
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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. . . . .		
12 b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
13 a			
<b>Note.</b> 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. . . . .		
13 b			
c	Enter the amount of reserves on hand. . . . .		
13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
14 a			X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . .		
14 b			

**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**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. . . . .		
	<b>1 a</b>		16
b	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
	<b>1 b</b>		16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>SEE SCH. O.</b> . . . . .	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
8 a		X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
8 b		X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

	Yes	No
10 a		X
10 a		X
b		
10 b		
11 a	X	
11 a	X	
b		
12 a	X	
12 a	X	
b	X	
12 b	X	
c	X	
12 c	X	
13	X	
13	X	
14	X	
14	X	
15		
15 a	X	
15 a	X	
b	X	
15 b	X	
15 b	X	
16 a		X
16 a		X
b		
16 b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18 Section 6104 requires an organization to make its Forms 7023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ EMILY BERNHARDT C/O ALSC, 1370 N. ST ANDREWS PLACE LOS ANGELES CA 90028 323-469-1973

**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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY OVERMIRE BOARD PRESIDENT	25	X		X			0.	0.	0.	
(2) FLORAN FOWKES BOARD SECRETARY	20	X		X			0.	0.	0.	
(3) ANDREA GOODMAN BOARD TREASURER	25	X		X			0.	0.	0.	
(4) JACQUELYN CALLAS DIRECTOR	4	X					0.	0.	0.	
(5) CAROL DEETER DIRECTOR	5	X					0.	0.	0.	
(6) AUDREY FIMPLER DIRECTOR	5	X					0.	0.	0.	
(7) COLLEEN GOLD DIRECTOR	4	X					0.	0.	0.	
(8) SALLY HINCKLEY DIRECTOR	4	X					0.	0.	0.	
(9) JOANN KOLL DIRECTOR	5	X					0.	0.	0.	
(10) JEANIE MCCARTHY DIRECTOR	6	X					0.	0.	0.	
(11) PAT MULVILLE DIRECTOR	20	X					0.	0.	0.	
(12) ANNE PAGE DIRECTOR	15	X					0.	0.	0.	
(13) SHEILA SWICKER DIRECTOR	4	X					0.	0.	0.	
(14) WENDY TAYLOR DIRECTOR	20	X					0.	0.	0.	
(15) SUE THALKEN DIRECTOR	5	X					0.	0.	0.	
(16) NANCY WALLAN DIRECTOR	5	X					0.	0.	0.	
(17) CHERYL VAN TASSEL FORMER DIRECTOR	2	X				X	0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA VOGT ROWEY FORMER DIRECTOR	2	X					X	0.	0.	0.
(19) SUZANNE KAHANE FORMER DIRECTOR	2	X					X	0.	0.	0.
(20) SUSAN BROWN CAMPBELL CHIEF EXEC DIR	38			X				148,149.	0.	5,299.
(21) EMILY BERNHARDT CFO - APR 2011	38			X				0.	0.	0.
(22) SUE LEISNER PRES BEGIN 2012	38			X				0.	0.	0.
(23) KATHARYN O. MUNIZ-BANDONI VOLUNTEER DIRECTOR	37.5					X		100,817.	0.	28.
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b> .....								248,966.	0.	5,327.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								248,966.	0.	5,327.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KAISER PERMANENTE PO BOX 23250 SAN DIEGO, CA 92193	MEDICAL INSURANCE	431,301.
ANTHEM BLUE CROSS 21555 OXNARD STREET WOODLAND HILLS, CA 91365	MEDICAL INSURANCE	265,281.
ALMIRA CONSTRUCTION, INC. 1840 W. WHITTIER BLVD #302 LA HABRA, CA 90	CONSTRUCTION	117,369.
A & A PROTECTIVE SERVICES PO BOX 66443 LOS ANGELES, CA 90066	SECURITY	111,878.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b	75,455.				
	c Fundraising events	1c	859,518.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,383,434.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,343,415.				
	g Noncash contributions included in lns 1a-1f: \$		264,609.				
	<b>h Total.</b> Add lines 1a-1f.		<b>10,661,822.</b>				
PROGRAM SERVICE REVENUE	2a <u>PROGRAM SERVICE FEES</u>	Business Code	4,784,892.	4,784,892.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f.		<b>4,784,892.</b>				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		210,791.			210,791.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	130,648.				
		(ii) Personal					
		b Less: rental expenses	82,500.				
		c Rental income or (loss)	48,148.				
	d Net rental income or (loss)		48,148.			48,148.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,768,530.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	2,567,684.				
		c Gain or (loss)	200,846.				
	d Net gain or (loss)		200,846.			200,846.	
	8a Gross income from fundraising events (not including: \$ 859,518. of contributions reported on line 1c). See Part IV, line 18	a	103,673.				
		b Less: direct expenses	205,545.				
c Net income or (loss) from fundraising events			-101,872.			-101,872.	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	93,785.					
	b Less: cost of goods sold	125,920.					
	c Net income or (loss) from sales of inventory		-32,135.		-32,135.		
Miscellaneous Revenue		Business Code					
11a <u>MISCELLANEOUS</u>			107,453.			107,453.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d.			107,453.				
<b>12 Total revenue.</b> See instructions.			<b>15,879,945.</b>	<b>4,784,892.</b>	<b>-32,135.</b>	<b>465,366.</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.....	831,198.	831,198.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	193,032.	0.	193,032.	0.
6 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.
7 Other salaries and wages.....	6,839,174.	5,902,574.	831,058.	105,542.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....	21,030.	18,985.	1,706.	339.
9 Other employee benefits.....	841,639.	744,186.	92,552.	4,901.
10 Payroll taxes.....	621,845.	532,583.	80,224.	9,038.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....	23,311.		22,486.	825.
c Accounting.....	60,274.		60,274.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....	41,580.		41,580.	
g Other.....	326,949.	306,305.	16,340.	4,304.
12 Advertising and promotion.....	15,494.	13,038.	1,712.	744.
13 Office expenses.....	776,700.	613,891.	130,233.	32,576.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	873,616.	723,609.	149,313.	694.
17 Travel.....	210,796.	206,364.	4,335.	97.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	139,503.	72,367.	37,226.	29,910.
20 Interest.....	19,224.	3,089.	16,135.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	413,013.	354,572.	58,441.	
23 Insurance.....	170,769.	107,423.	63,346.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SUPPLIES - NUTRITION	557,004.	557,004.		
b EQUIPMENT & SUPPLIES	368,967.	356,992.	11,975.	
c PROGRAM SUPPLIES - OTHER	327,527.	327,527.		
d PARTICIPANT EXP	313,476.	290,301.	1,079.	22,096.
e TAXES AND LICENSES	103,094.	28,239.	65,749.	9,106.
f All other expenses.....	55,859.	12,100.	33,625.	10,134.
25 Total functional expenses. Add lines 1 through 24f.....	14,145,074.	12,002,347.	1,912,421.	230,306.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing .....	532,081.	1	450,831.	
	2	Savings and temporary cash investments .....	1,229,846.	2	2,591,144.	
	3	Pledges and grants receivable, net .....	1,050,368.	3	1,452,375.	
	4	Accounts receivable, net .....	89,054.	4	87,510.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	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) .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	5,356.	8	3,010.	
	9	Prepaid expenses and deferred charges .....	287,042.	9	364,886.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	13,993,100.		
	b	Less: accumulated depreciation .....	10b	6,304,329.	10c	7,688,771.
	11	Investments — publicly traded securities .....	5,388,353.	11	6,432,672.	
	12	Investments — other securities. See Part IV, line 11 .....		12	15,751.	
	13	Investments — program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16	16,514,584.	16	19,086,950.	
LIABILITIES	17	Accounts payable and accrued expenses .....	1,169,060.	17	1,862,789.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	32,455.	19	37,246.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....	198,159.	23	174,547.	
	24	Unsecured notes and loans payable to unrelated third parties .....	80,324.	24		
	25	Other liabilities. Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	26	1,479,998.	26	2,074,582.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets .....	12,988,670.	27	12,303,246.	
	28	Temporarily restricted net assets .....	11,761.	28	2,407,115.	
	29	Permanently restricted net assets .....	2,034,155.	29	2,302,007.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances.</b> .....	33	15,034,586.	33	17,012,368.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	34	16,514,584.	34	19,086,950.	

BAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	15,879,945.
2	Total expenses (must equal Part IX, column (A), line 25)	14,145,074.
3	Revenue less expenses. Subtract line 2 from line 1	1,734,871.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	15,034,586.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . SEE SCHEDULE O	242,911.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	17,012,368.

**Part XII Financial Statements and Reporting**

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

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

BAA

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

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public Inspection

<b>Name of the organization</b> ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA	<b>Employer identification number</b> 95-1641960
---	---

**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 — Other
- 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?

	Yes	No
(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? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

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

(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
4 <b>Total.</b> Add lines 1 through 3 . . .						
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test – 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	6,144,223.	9,454,652.	9,184,324.	8,461,421.	10661822.	43,906,442.
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.	4,514,017.	4,346,149.	4,649,748.	4,860,845.	4,784,892.	23,155,651.
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.	10658240.	13800801.	13834072.	13322266.	15446714.	67,062,093.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	551,119.	125,599.	701,732.	101,968.	1,596,281.	3,076,699.
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.	551,119.	125,599.	701,732.	101,968.	1,596,281.	3,076,699.
8 Public support (Subtract line 7c from line 6.)						63,985,394.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	10658240.	13800801.	13834072.	13322266.	15446714.	67,062,093.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	485,311.	497,040.	181,231.	196,313.	210,791.	1,570,686.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	485,311.	497,040.	181,231.	196,313.	210,791.	1,570,686.
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.). SEE PART IV.					107,453.	107,453.
13 Total support. (Add lns 9, 10c, 11, and 12.)	11143551.	14297841.	14015303.	13518579.	15764958.	68,740,232.

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.

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	93.1 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	94.9 %

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	2.3 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	2.8 %

19a 33-1/3% support tests – 2010. 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.

b 33-1/3% support tests – 2009. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.





PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
MISCELLANEOUS	107,453.				
TOTAL	<u>\$ 107,453.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2010**

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

Form 990-PF

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
  
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 162,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,426,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,087,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 107,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 2,840,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 24,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 309,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 329,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 869,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 19,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 50,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 21,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 122,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 6,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 5,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 14,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 24,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 17,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 13,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 7,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 6,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 7,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 1,170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 65,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 35,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 7,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	----- ----- -----	\$ 40,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 50,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
60	DONATED TRUCK	\$ 5,000.	VARIOUS

Name of organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.....  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,738,859.	5,101,161.	6,112,625.		
b Contributions	1,517,932.	139,044.	119,324.		
c Net investment earnings, gains, and losses	942,187.	598,632.	-1,043,951.		
d Grants or scholarships					
e Other expenditures for facilities and programs		52,880.	43,894.		
f Administrative expenses	41,580.	47,098.	42,943.		
g End of year balance	8,157,398.	5,738,859.	5,101,161.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 43.33 %
- b Permanent endowment ▶ 28.45 %
- c Term endowment ▶ 28.22 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,456,065.		1,456,065.
b Buildings		10,040,483.	4,751,418.	5,289,065.
c Leasehold improvements		431,644.	86,329.	345,315.
d Equipment		638,386.	545,660.	92,726.
e Other		1,426,522.	920,922.	505,600.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,688,771.

BAA

**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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15)	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		15,879,945.
2	Total expenses (Form 990, Part IX, column (A), line 25)		14,145,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1,734,871.
4	Net unrealized gains (losses) on investments		532,911.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		-290,000.
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		242,911.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,977,782.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	16,852,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	532,911.	
	b Donated services and use of facilities	2b	234,523.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) SEE PART XIV	2d	205,545.	
	e Add lines 2a through 2d	2e		972,979.
3	Subtract line 2e from line 1		3	15,879,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	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	15,879,945.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	14,585,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	234,523.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV) SEE PART XIV	2d	205,545.	
	e Add lines 2a through 2d	2e		440,068.
3	Subtract line 2e from line 1		3	14,145,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,145,074.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- **PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND** ---

--- THE BOARD-DESIGNATED QUASI-ENDOWMENT IS TO BE USED FOR SPECIFIC PROGRAM PURPOSES, AS ---

--- DESIGNATED BY THE BOARD OF DIRECTORS. ---

---

--- THE TEMPORARILY RESTRICTED ENDOWMENT CONSISTS OF FUNDS DONORS HAVE RESTRICTED TO BE ---

--- USED FOR SPECIFIC PROGRAM PURPOSES. ---

---

--- THE PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF FUNDS DONORS HAVE RESTRICTED TO BE ---

**Part XIV** Supplemental Information (continued)

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)**

INVESTED INDEFINITELY, WITH THE EARNINGS TO BE USED FOR SPECIFIC PROGRAM PURPOSES OR  
OPERATIONS, AS DETERMINED BY THE INSTRUCTIONS OF THE DONORS.

**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 455503

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

95-1641960

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSES.....	\$	205,545.
TOTAL	\$	<u>205,545.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSES.....	\$	205,545.
TOTAL	\$	<u>205,545.</u>



**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 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	AUXILIARY EVEN (event type)	ANNUAL APPEAL (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	744,708.	154,032.	64,451.	963,191.	
2	Less: Charitable contributions	652,166.	154,032.	53,320.	859,518.	
3	Gross income (line 1 minus line 2)	92,542.		11,131.	103,673.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes	21,207.		17,438.	38,645.
	6	Rent/facility costs	7,903.		4,816.	12,719.
	7	Food and beverages	79,296.	10,482.	25,683.	115,461.
	8	Entertainment				
	9	Other direct expenses	19,198.		19,522.	38,720.
10	Direct expense summary. Add lines 4- through 9 in column (d)				205,545.	
11	Net income summary. Combine line 3, column (d), and line 10				-101,872.	

**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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: \_\_\_\_\_





SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Part I General Information on Grants and Assistance

Employer identification number

95-1641960

Yes No

X

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?

SEE PART IV

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

Part II can be duplicated if additional space is needed.

Table with 8 columns: (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. Rows 1-8 are mostly blank.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLOTHING, SUNDRIES	6,900		450,718.	ESTIMATED COST	CLOTHING/OTHER
2 STIPENDS TO SENIOR					
3 VOLUNTEERS	150	380,480.			
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

NON-CASH ASSISTANCE IS DISTRIBUTED PRIMARILY TO SCHOOL CHILDREN WHO ARE REFERRED BY COMMUNITY LEADERS, TEACHERS AND OTHERS. THE GOODS ARE DELIVERED IN MARKED VEHICLES, OR AT A SPECIAL LOCATION. EACH CHILD WHO IS ON THE RECOMMENDED LIST IS ATTENDED BY ALSO VOLUNTEERS TO ENSURE THE CLOTHING, SCHOOL SUPPLIES AND SUNDRIES WILL PROVIDE RELIEF TO THE CHILD.

STIPENDS ARE DISTRIBUTED MONTHLY TO VOLUNTEERS SELECTED FOR THE FOSTER GRAND PARENT OR SENIOR COMPANION PROGRAM. VOLUNTEERS WHO RECEIVE STIPENDS MEET MINIMUM INCOME REQUIREMENTS AND ARE REQUIRED TO PERFORM SERVICE AND ATTEND TRAININGS TO BE ELIGIBLE

FOR STIPENDS. THE PROGRAM IS ADMINISTERED BY TRAINED, DEDICATED PROFESSIONALS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.**

**Open to Public Inspection**

Name of the organization

**ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA**

Employer identification number

**95-1641960**

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If 'Yes' to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1 b</b>		
<b>2</b>		
<b>4 a</b>		X
<b>4 b</b>		X
<b>4 c</b>		X
<b>5 a</b>		X
<b>5 b</b>		X
<b>6 a</b>		X
<b>6 b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 SUSAN BROWN CA	(i) 148,149. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	1,571. 0.	3,728. 0.	153,448. 0.	0. 0.
2	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
3	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
4	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
5	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
6	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
7	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
8	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
9	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
10	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
11	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
12	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
13	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
14	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
15	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
16	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open To Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....	X		11,967.	EST FMV
5 Clothing and household goods .....	X		88,165.	EST FMV
6 Cars and other vehicles .....	X	1	5,000.	BLUE BOOK
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution—Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (SENIOR LUNCHESES) .....	X	23422	97,507.	EST \$3 - \$5
26 Other ▶ (HOLIDAY TOYS) .....	X	456	15,715.	EST FMV
27 Other ▶ (EVENT TICKETS) .....	X	7	7,610.	FACE VALUE
28 Other ▶ (AUCTION ITEMS) .....	X	48	38,645.	EST FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

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? .....

Yes No

30 a

X

b If 'Yes,' describe the arrangement in Part II.

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

31

X

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

32 a

X

b If 'Yes,' describe in Part II.

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

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

Schedule M (Form 990) 2010





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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA (ALSC), A 501(C)(3) ORGANIZATION FOUNDED IN 1919, PROVIDES SOCIAL SERVICES TO 95,000 INDIVIDUALS WITH CRITICAL NEEDS EACH YEAR. THE SEVEN SERVICES OF ALSC OFFER A FULL SPECTRUM OF PROGRAMS SUCH AS EARLY EDUCATION AND MATERIAL ASSISTANCE FOR CHILDREN, CULTURAL ENRICHMENT FOR YOUTH, COUNSELING FOR FAMILIES, SUPPORT FOR SENIORS AND VOLUNTEER OPPORTUNITIES FOR THE COMMUNITY - ALL OF WHICH HELP OUR CLIENTS SUCCEED AND LIVE WITH DIGNITY.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

HOLLYWOOD SENIOR MULTIPURPOSE CENTER ("HSMPC")

HSMPC IS THE HOME OF AGING-IN-PLACE AND WELLNESS PROGRAMS FOR AREA SENIORS INCLUDING CONGREGATE MEALS SERVED AT EIGHT AREA DINING CENTERS, HOME DELIVERED MEALS AND A FULL CALENDAR OF HEALTH, FITNESS AND SOCIAL ACTIVITIES.

OPERATION SCHOOL BELL ("OSB")

OSB PROVIDES APPROPRIATE SCHOOL CLOTHING TO LOS ANGELES UNIFIED SCHOOL DISTRICT CHILDREN FROM IMPOVERISHED CIRCUMSTANCES TO PROMOTE LEARNING, IMPROVE SCHOOL ATTENDANCE AND ENHANCE SELF-ESTEEM.

CHILDREN'S THEATRE

NINE O'CLOCK PLAYERS, THE THEATRE FOR CHILDREN, PRESENT LIVE PRODUCTIONS OF CLASSIC CHILDREN'S LITERATURE TO AUDIENCES THAT INCLUDE PHYSICALLY, MENTALLY OR ECONOMICALLY DISADVANTAGED SCHOOL-AGE CHILDREN IN LOS ANGELES.

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

FOSTER CHILDREN'S RESOURCE CENTER ("FCRC")

FCRC PROVIDES FOSTER CHILDREN AND THOSE IN RELATIVE CARE WITH NECESSARY CLOTHING AND SUNDRIES.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

EFFECTIVE AT THE FIRST ANNUAL MEETING AFTER JUNE 2010, ALSC ADOPTED ITS AMENDED AND RESTATED ITS BY-LAWS. THE COMPOSITION OF THE BOARD OF DIRECTORS WAS CHANGED TO AN ELECTED BOARD OF 15 - 25 VOTING MEMBERS. THE OFFICERS OF ALSC ARE DEFINED TO INCLUDE A PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND CHIEF EXECUTIVE DIRECTOR WITH A PROVISION FOR THE BOARD TO INCLUDE OTHER OFFICERS. COMMITTEES ARE DEFINED TO INCLUDE AN EXECUTIVE COMMITTEE, AUDIT COMMITTEE, NOMINATING COMMITTEE AND OTHER STANDING COMMITTEES THAT WILL MAKE RECOMMENDATIONS TO THE BOARD. A LEAGUE COUNCIL WAS CREATED, SUBJECT TO THE DIRECTION OF THE BOARD, TO PROMOTE THE ACTIVITIES AND SERVICES OF ALSC.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN INDEPENDENT OUTSIDE CPA AND REVIEWED AND APPROVED BY FISCAL MANAGEMENT. THE CPA PRESENTS THE COMPLETED FORM 990 TO THE FULL BOARD AND AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL PRIOR TO IT BEING FILED.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ON AN ANNUAL BASIS EACH MEMBER OF THE BOARD OF DIRECTORS, THE PRESIDENT AND SELECTED KEY EMPLOYEES ARE REQUIRED TO CONFIRM THEIR COMPLIANCE WITH THE ALSC CONFLICT OF INTEREST POLICY AND TO COMPLETE A RELATIONSHIP QUESTIONNAIRE THAT IS DESIGNED TO IDENTIFY RELATIONSHIPS OR TRANSACTIONS THAT MUST BE DISCLOSED ON THE FORM 990.

THROUGHOUT THE YEAR MANAGEMENT AND BOARD MEMBERS INTERACT FREQUENTLY TO BE INFORMED

Name of the organization

ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA

Employer identification number

95-1641960

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

ABOUT CONTRACTUAL ARRANGEMENTS AND OTHER INSTANCES THAT MAY GIVE RISE TO A CONFLICT OF INTEREST. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, THE PRESIDENT OR CHIEF EXECUTIVE DIRECTOR WILL WORK WITH THE CONFLICTED PARTY TO ENSURE PROPER ACTIONS ARE TAKEN. THE ACTION MAY BE THAT THE MEMBER IS RECUSED FROM VOTING, THE RELATIONSHIP WITH THE CONFLICTED PARTY IS LIMITED OR TERMINATED, OR THE CONFLICTED MEMBER RESIGNS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG**

THE CHIEF EXECUTIVE DIRECTOR ("CED") IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ADDITIONALLY THE COMMITTEE WILL MAKE USE OF INDEPENDENT LEGAL COUNSEL, INDEPENDENT PROFESSIONAL ADVISORS, AND USE OF COMPARABILITY DATA. THE CED HAS A WRITTEN EMPLOYMENT CONTRACT AND ACTIONS RELATED TO THE REVIEW OF THE CED ARE SUBJECT TO DELIBERATION AND DOCUMENTED IN THE MINUTES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

THE HR COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA AND APPROVES SALARY FOR THE DIRECTOR OF FINANCE AND SELECT SENIOR MANAGERS. ADMINISTRATIVE MANAGEMENT SALARIES ARE WITHIN A BROAD BAND THAT IS APPROVED BY THE HR COMMITTEE OF THE BOD BASED ON INDEPENDENT COMPARABILITY STUDIES. DECISIONS OF THE COMMITTEE ARE SUBJECT TO DELIBERATION AND DOCUMENTED IN THE MINUTES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO ALSA'S WEBSITE. FORM 990 IS ALSO AVAILABLE AT GUIDESTAR.ORG.

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC IN ACCORDANCE WITH APPLICABLE LAWS.

FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	532,911.
PRIOR PERIOD ADJUSTMENT.....		-290,000.
	TOTAL \$	<u>242,911.</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA</b>	Employer identification number <b>95-1641960</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1370 N. ST ANDREWS PLACE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90028-8592</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ EMILY BERNHARDT -----

Telephone No. ▶ 323-469-1973 ----- FAX No. ▶ 323-469-3533 -----

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$		0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$		0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$		0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

