

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 6/01, 2011, and ending 5/31, 2012

B Check if applicable: <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	C ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY PO BOX 14904 SAN LUIS OBISPO, CA 93406-4904	D Employer identification number <u>77-0337378</u> E Telephone number <u>805-771-8512</u> F Group Exemption Number..... ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.ALSLOCOUNTY.ORG

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 196,033.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.....

	1 Contributions, gifts, grants, and similar amounts received.....	1	70,632.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	6,119.
	4 Investment income.....	4	1,357.
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
REVENUE	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	117,925.
	c Less: direct expenses from gaming and fundraising events.....	6c	36,914.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	81,011.
	7a Gross sales of inventory, less returns and allowances.....	7a	
	b Less: cost of goods sold.....	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	
	8 Other revenue (describe in Schedule O).....	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	159,119.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	
	14 Occupancy, rent, utilities, and maintenance.....	14	27,177.
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe in Schedule O)..... SEE SCHEDULE O.....	16	130,367.
	17 Total expenses. Add lines 10 through 16..... ▶	17	157,544.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	1,575.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	261,125.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	262,700.

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

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	229,116.	218,892.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	37,699.	51,693.
25 Total assets	266,815.	270,585.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	5,690.	7,885.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	261,125.	262,700.

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	124,676.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	124,676.

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLENE ABLES PO BOX 14904 SAN LUIS OBISPO, CA 93406	PRESIDENT 17	0.	0.	0.
JAN HUTCHINSON PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP MEMBERSHIP 16	0.	0.	0.
HELEN ROBERTSON PO BOX 14904 SAN LUIS OBISPO, CA 93406	TREASURER 17	0.	0.	0.
BONNIE LONG PO BOX 14904 SAN LUIS OBISPO, CA 93406	RECORDING SECR. 10	0.	0.	0.
DONNA CUMMINGS PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP RESOURCE DEV 10	0.	0.	0.
JUDY JIMENEZ PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP PHILANTHR. 13	0.	0.	0.
MARGE HARRIS PO BOX 14904 SAN LUIS OBISPO, CA 93406	CORRESP SECR. 11	0.	0.	0.
GAIL STONEBURG PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP PUBLIC REL 10	0.	0.	0.

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

Table with columns for question number, description, and Yes/No boxes. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of HELEN ROBERTSON Telephone no. (805) 226-9777 Located at PO BOX 14904 SAN LUIS OBISPO CA ZIP + 4 93406

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country name.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No columns.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	X
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: _____ Date: _____
 CHARLENE ABLES PRESIDENT
 Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
ROBERT P. CROSBY, CPA	ROBERT P. CROSBY, CPA	9/05/12		P00044412
Firm's name	Firm's EIN		Phone no.	
CROSBY COMPANY	77-0137543		805-543-6100	
Firm's address				
1457 MARSH STREET SUITE 100 SAN LUIS OBISPO, CA 93401				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

2011

Open to Public Inspection

Name of the organization ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY	Employer identification number 77-0337378
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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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(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)									
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	54,137.	68,706.	82,492.	96,941.	76,751.	379,027.
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.	62,906.	64,855.	87,892.	107,932.	117,925.	441,510.
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.	117,043.	133,561.	170,384.	204,873.	194,676.	820,537.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						820,537.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	117,043.	133,561.	170,384.	204,873.	194,676.	820,537.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	907.	2,213.	2,736.	1,465.	1,357.	8,678.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	907.	2,213.	2,736.	1,465.	1,357.	8,678.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	117,950.	135,774.	173,120.	206,338.	196,033.	829,215.

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 2011 (line 8, column (f) divided by line 13, column (f)).	15	98.95 %
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	98.75 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	1.05 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	1.25 %

19a 33-1/3% support tests – 2011. 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 – 2010. 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 II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>FIESTA</u> (event type)	(b) Event #2 <u>FASHION SHOW</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add column (a) through column (c))	
	1	Gross receipts	81,690.	18,665.	17,570.	117,925.
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	81,690.	18,665.	17,570.	117,925.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	30,775.	6,139.		36,914.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				36,914.
11	Net income summary. Combine line 3, column (d), and line 10				81,011.	

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: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

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

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$_____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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 SAN LUIS OBISPO
COUNTY**

Employer identification number
77-0337378

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY IS A NON-PROFIT VOLUNTEER ORGANIZATION
WHOSE MEMBERS ARE DEDICATED TO SERVING FAMILIES AND CHILDREN THROUGH ITS
PHILANTHROPIC PROGRAM OPERATION SCHOOL BELL.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ORGANIZATION PROVIDED SCHOOL APPROPRIATE OUTFITS, SHOES, BACKPACKS, BOOKS AND
UNDERGARMENTS TO APPROXIMATELY; 1,193 SCHOOL CHILDREN GRADES K THROUGH 6, 128
SCHOOL CHILDREN GRADES 7 THROUGH 8, AND 13 SCHOOL CHILDREN GRADES 9-12.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

CLIENT 8134

ASSISTANCE LEAGUE OF SAN LUIS OBISPO
COUNTY

77-0337378

9/11/12

08:50AM

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	6,986.
DEPRECIATION		1,258.
DUES		3,570.
INSURANCE		2,712.
OFFICE EXPENSES		4,534.
PROFESSIONAL FEES		5,100.
PROGRAM SUPPLIES		103,629.
PUBLIC RELATIONS & ADVERTISING		2,578.
TOTAL	\$	<u>130,367.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 5,000.	\$ 870.
FURNITURE AND FIXTURES	4,532.	4,532.
INVENTORIES	18,940.	28,221.
MISCELLANEOUS	-206.	-713.
PREPAID EXPENSES AND DEFERRED CHARGES	9,433.	18,783.
TOTAL	<u>\$ 37,699.</u>	<u>\$ 51,693.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,115.	\$ 3,305.
DEFERRED REVENUE	3,575.	4,580.
TOTAL	<u>\$ 5,690.</u>	<u>\$ 7,885.</u>

5/31/12

2011 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 8134

ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY

77-0337378

9/11/12

08:50AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
1	CARPET	6/30/00		1,500							1,500	1,500	S/L	5		0
2	COMPUTER	11/30/00		1,530							1,530	1,530	S/L	5		0
3	DISPLAY BOARDS	8/04/02		784							784	784	S/L	5		0
4	WALL SIGN	3/08/05		364							364	312	S/L	7		39
5	COMPUTER	9/01/07		1,000							1,000	750	S/L	5		200
6	CONFERENCE TABLE/CHAIRS	10/06/10		3,811							3,811	508	S/L	5		762
7	WORK TABLES	5/26/11		721							721		S/L	5		144
8	COMPUTER-LAPTOP	8/20/11		751							751		S/L	5		113
TOTAL				10,461		0	0	0	0	0	10,461	5,384				1,258
TOTAL DEPRECIATION				10,461		0	0	0	0	0	10,461	5,384				1,258
GRAND TOTAL DEPRECIATION				10,461		0	0	0	0	0	10,461	5,384				1,258

California Exempt Organization
Annual Information Return

Calendar Year 2011 or fiscal year beginning month 06 day 01 year 2011, and ending month 05 day 31 year 2012

Corporation/Organization Name ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY		California corporation number 1864948
Address (suite, room, or PMB no.) PO BOX 14904		FEIN 77-0337378
City SAN LUIS OBISPO, CA 93406-4904	State	ZIP Code

- A** First Return Yes No
- B** Amended Return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final Return Yes No
 - Dissolved Surrendered (Withdrawn)
 - Merged/Reorganized Enter date: _____
- E** Check accounting method:
1 Cash 2 Accrual 3 Other
- F** Federal return filed?
1 990T 2 990 (PF) 3 Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? Yes No
If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption? Yes No
If 'Yes,' What's the parent's name? _____
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If 'Yes,' explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter gross receipts from nonmember sources \$ _____
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company? Yes No
- N** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	119,282.
	2	Gross dues and assessments from members and affiliates.	●	2	6,119.
	3	Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. B	●	3	70,632.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	●	4	196,033.
	5	Cost of goods sold.	●	5	
	6	Cost or other basis, and sales expenses of assets sold.	●	6	
	7	Total costs. Add line 5 and line 6.		7	
	8	Total gross income. Subtract line 7 from line 4.	●	8	196,033.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	194,458.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	1,575.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.		11	10.
	12	Total payments.		12	
	13	Penalties and Interest. See General Instruction J.		13	
	14	Use tax. See General Instruction K.	●	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.		15	10.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		Title PRESIDENT	Date	● Telephone 805-771-8512
	Signature of officer				● Paid PTIN P00044412
Paid Preparer's Use Only	Preparer's signature	ROBERT P. CROSBY, CPA	Date	9/05/12	● FEIN 77-0137543
	Firm's name (or yours, if self-employed) and address	CROSBY COMPANY 1457 MARSH STREET SUITE 100 SAN LUIS OBISPO, CA 93401			● Telephone 805-543-6100
	May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	1,357.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	117,925.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	119,282.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	27,177.
	16	Depreciation and depletion (See instructions)	●	16	1,258.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	166,023.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	194,458.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		229,116.	●	218,892.
2	Net accounts receivable		5,000.	●	870.
3	Net notes receivable			●	
4	Inventories		18,940.	●	28,221.
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments Attach schedule			●	
10a	Depreciable assets	9,710.		10,461.	
b	Less accumulated depreciation	5,384.	4,326.	6,642.	3,819.
11	Land			●	
12	Other assets. Attach schedule. STM. 4		9,433.	●	18,783.
13	Total assets		266,815.		270,585.
Liabilities and net worth					
14	Accounts payable		2,115.	●	3,305.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM. 5		3,575.		4,580.
19	Capital stock or principle fund		261,125.	●	262,700.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		266,815.		270,585.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	1,575.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		1,575.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		1,575.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization **ASSISTANCE LEAGUE OF SAN LUIS OBISPO**
COUNTY

Employer identification number
77-0337378

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

- 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, total 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 total 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 its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ASSISTANCE LEAGUE OF SAN LUIS OBISPO	Employer identification number 77-0337378
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAN LUIS OBISPO 990 PALM ST SAN LUIS OBISPO, CA 93401	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CENTRAL COAST FUNDS FOR CHLDNR PO BOX 1046 SAN LUIS OBISPO, CA 93406	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE MOLINA FOUNDATION 3680 SKYPARK DR TORRANCE, CA 90501	\$ 6,571.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SAN LUIS COASTAL UNIFIED SCHOOL 1500 LIZZIE STREET SAN LUIS OBISPO, CA 93401	\$ 17,280.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ATASCADERO UNIFIED SCHOOL DISTRICT 5601 WEST MALL ATASCADERO, CA 93422	\$ 8,640.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ASSISTANCE LEAGUE OF SAN LUIS OBISPO	Employer identification number 77-0337378
--	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1200 NEW TEXTBOOKS		
		\$ 6,571.	VARIOUS
4	FREE USE OF FACILITIES		
		\$ 17,280.	VARIOUS
5	FREE USE OF FACILITIES		
		\$ 8,640.	VARIOUS
		\$	
		\$	
		\$	

Name of organization: ASSISTANCE LEAGUE OF SAN LUIS OBISPO
 Employer identification number: 77-0337378

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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
 Use duplicate copies of Part III if additional space is needed.

(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

2011 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY	California corporation number 1864948
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost															
7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9																
10 Carryover of disallowed deduction from prior taxable years.....	10																
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11																
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12																
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	CARPET	6/30/00	1,500.	1,500.	S/L	5			
	COMPUTER	11/30/00	1,530.	1,530.	S/L	5			
	DISPLAY BOARDS	8/04/02	784.	784.	S/L	5			
	WALL SIGN	3/08/05	364.	312.	S/L	7	39.		
	COMPUTER	9/01/07	1,000.	750.	S/L	5	200.		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	1,258.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g).....						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22	

2011 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY	California corporation number 1864948
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
CONFERENCE TABLE	10/06/10	3,811.	508.	S/L	5	762.	
WORK TABLES	5/26/11	721.		S/L	5	144.	
COMPUTER-LAPTOP	8/20/11	751.		S/L	5	113.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22	

9/11/12

08:50AM

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	117,925.
TOTAL	\$	<u>117,925.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHARLENE ABLES PO BOX 14904 SAN LUIS OBISPO, CA 93406	PRESIDENT 17.00	\$ 0.	\$ 0.	\$ 0.
JAN HUTCHINSON PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP MEMBERSHIP 16.00	0.	0.	0.
HELEN ROBERTSON PO BOX 14904 SAN LUIS OBISPO, CA 93406	TREASURER 17.00	0.	0.	0.
BONNIE LONG PO BOX 14904 SAN LUIS OBISPO, CA 93406	RECORDING SECR. 10.00	0.	0.	0.
DONNA CUMMINGS PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP RESOURCE DEV 10.00	0.	0.	0.
JUDY JIMENEZ PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP PHILANTHR. 13.00	0.	0.	0.
MARGE HARRIS PO BOX 14904 SAN LUIS OBISPO, CA 93406	CORRESP SECR. 11.00	0.	0.	0.
GAIL STONEBURG PO BOX 14904 SAN LUIS OBISPO, CA 93406	VP PUBLIC REL 10.00	0.	0.	0.
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES**

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	6,986.
DUES.....		3,570.
INSURANCE.....		2,712.
OFFICE EXPENSES.....		4,534.
PROFESSIONAL FEES.....		5,100.
PROGRAM SUPPLIES.....		103,629.
PUBLIC RELATIONS & ADVERTISING.....		2,578.
SPECIAL EVENT EXPENSES.....		36,914.
	TOTAL	<u>\$ 166,023.</u>

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		18,783.
	TOTAL	<u>\$ 18,783.</u>

**STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES**

DEFERRED REVENUE.....		4,580.
	TOTAL	<u>\$ 4,580.</u>

5/31/12

2011 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY

77-0337378

9/11/12

08:50AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 199																	
1	CARPET	6/30/00		1,500							1,500	1,500	S/L	5		0	
2	COMPUTER	11/30/00		1,530							1,530	1,530	S/L	5		0	
3	DISPLAY BOARDS	8/04/02		784							784	784	S/L	5		0	
4	WALL SIGN	3/08/05		364							364	312	S/L	7		39	
5	COMPUTER	9/01/07		1,000							1,000	750	S/L	5		200	
6	CONFERENCE TABLE/CHAIRS	10/06/10		3,811							3,811	508	S/L	5		762	
7	WORK TABLES	5/26/11		721							721		S/L	5		144	
8	COMPUTER-LAPTOP	8/20/11		751							751		S/L	5		113	
TOTAL				10,461		0	0	0	0	0	10,461	5,384				1,258	
TOTAL DEPRECIATION				10,461		0	0	0	0	0	10,461	5,384					1,258
GRAND TOTAL DEPRECIATION				10,461		0	0	0	0	0	10,461	5,384					1,258

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>91263</u> ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY <small>Name of Organization</small> PO BOX 14904 <small>Address (Number and Street)</small> SAN LUIS OBISPO, CA 93406-4904 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1864948</u> Federal Employer ID No. <u>77-0337378</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 6/01/11 ending 5/31/12) list:
 Gross annual revenue \$ 159,119. Total assets \$ 270,585.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 805-771-8512

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CHARLENE ABLES	PRESIDENT	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

2011

CALIFORNIA STATEMENTS
ASSISTANCE LEAGUE OF SAN LUIS OBISPO
COUNTY

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STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CITY OF SAN LUIS OBISPO, 990 PALM STREET, SAN LUIS OBISPO, CA 93401, GREG
ZOCHER, (805) 781-7253