** PUBLIC DISCLOSURE COPY **

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)

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	= 2012 calendar year, or tax year beginning $=$ JUL $=$ 1, $=$ 2012 $=$ and ending $=$	<u>JUN</u> 30, 2013	·
Вс	heck of opticals	C Name of organization	D Employer identifi	cation number
Г	Addre chang	826LA		
F	Name chang		38-3	722092
\vdash	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
È	Termi	· · · · · · · · · · · · · · · · · · ·	(213	<u>)</u> 413-3388
Ē	Amen	ded Oth house or post office state and ZID code	G Gross receipts \$	1,135,407.
	Application		H(a) Is this a group re	
	pendi	F Name and address of principal officer: JOEL ARQUILLOS	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	duded? Yes No
1 7	axex	empt status: X 501(c)(3)	7] If "No," attach a	list. (see instructions)
		te: ► WWW.826LA.ORG	H(c) Group exemptio	n number 🕨
<u>к</u>	orm of	organization: X Corporation Trust Association Other ► L Yea	r of formation: 2005 N	A State of legal domicile: CA
Pε	ırt I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: $826 \mathrm{LA}$ PRO		UTORING,
anc		WRITING, AND OTHER EDUCATIONAL PROGRAMS FOR C	HILDREN.	
Governance		Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more	re than 25% of its net as	t .
Š		Number of voting members of the governing body (Part VI, line 1a)	3	12
ঞ		Number of independent voting members of the governing body (Part VI, line 1b)		12
es		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		17
Activities &		Total number of volunteers (estimate if necessary)	,	4668
Act		Total unrelated business revenue from Part VIII, column (C), line 12		45,355.
	b	Net unrelated business taxable income from Form 990-T, line 34	· ·	-49,443.
	_	Control of the state of the sta	Prior Year	Current Year
Ģ		Contributions and grants (Part VIII, line 1h)		1,047,889.
Revenue		Program service revenue (Part VIII, line 2g)	19,280. 2,375.	7,035. 1,947.
æ		(Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,180.	45,355.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,008,287.	1,102,226.
_	12 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	15	Outside ather presenting amplying hypothy (Doct IV, polymor (A), lines 5-10)	490 073	548,955.
se		Professional fundraising fees (Part IX, column (A), line 11e)	430 <u>,0131</u>	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 89,508.		
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	356,116.	397,144.
		Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	846,189.	946,099.
	19	Revenue less expenses. Subtract line 18 from line 12	162,098.	156,127.
588			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,514,409.	1,687,802.
ASS G	21	Total liabilities (Part X, fine 26)	49,934.	80,605.
컌.		Net assets or fund balances. Subtract line 21 from line 20	1,464,475.	1,607,197.
		Signature Block		
		ities of perjury, I declare that I have examined this return, including accompanying schedules and stater		y knowledge and belief, it is
true,	correc	I, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.	11.00
		Signature of Officer	Date 7/2	9/14
Sigr		['	25,10	,
Here	е	JOEL ARQUILLOS, EXECUTIVE DIRECTOR Type or print name and tills		
		Drint/Type preparer's name	Date Check	i PTIN
Paid		JOHN BOVARD MIRON	446/14 it salt-employ	
Prep		Firm's name QUIGLEY & MIRON, CPA'S	Firm's EIN	95-4656881
Use		Firm's address 3550 WILSHIRE ROULEVARD-SUITE 1660		
	-	LOS ANGELES, CA 90010-2481	Phone no. (213) 639-3550
May	the II	3S discuss this return with the preparer shown above? (see instructions)		Yes No



Form 990 (2012) 826LA 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)?	İ		
	If "Yes," complete Schedule A	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	:	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_	i	_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		i	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	andowments, or quasi-endowments? If "Yes, 'complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		. : .	
	as applicable.	. :		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			**
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
				7.7
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 ``		
••	column (A), lines 6 and 11e? If 'Yes," complete Schedule G, Part I	17	!	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ľ		i
	complete Schedule G, Part III	19	i	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 ((2012)

Form 990 (2012) 826LA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	i	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified.			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	 :::::		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	if "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, ' complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ö	
	sections 301.7701 2 and 301.7701-3? If 'Yes, ' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, fine 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes, ' complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

	1990 (2012) 0.20 LA 38-3	144094	<u>. 1</u>	age .
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		·	,! <u></u>
		-r · ·	Yes	No
1a	•	5		
b		0		
C			1	
	(gambling) winnings to prize winners?	<u>1</u> c	ļ	₩-
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.7		
	filed for the calendar year ending with or within the year covered by this return 2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X	
_	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	 -
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х.	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ <u>.</u>	X
b	If "Yes," enter the name of the foreign country:	— i .		Ì
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	
5a			1	X
b			1	X
_ C			ļ <u> </u>	₩
6a		I .		٠.
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
D				
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	 	\vdash
7	and the second s	2 7-	х	
a	A Maria and Maria and A Maria and Maria and Maria and Maria and Annual Andrew 2015		X	├
þ		7.0	A	
С	to file Form 8282?	70		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	····· 70	 	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		!	X
a	the state of the s		†	1
h	The state of the s		<u> </u>	\vdash
8	Sponsoring organizations maintaining donor advised lunds and section 509(a)(3) supporting organizations. Did the supporting		T	<u> </u>
٠	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar? 8	l'	
9	Sponsoring organizations maintaining donor advised funds.	···	:	<u> </u>
а	The state of the s	9a		
b	The second of th			
10	Section 501(c)(7) organizations, Enter:		1	T
a	1 to			
			1	
11	Section 501(c)(12) organizations. Enter:		1	
а	O and a second form and the second se			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		:	Į.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1	1
a	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	 	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.		1.	ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which the	:: '	1	1
	organization is licensed to issue qualified health plans		1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?		1	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

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			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12	!!		
	of there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		A
3	of officers, directors, or trustees, or key employees to a management company or other person?	ا ۾ ا		х
		_3 _4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	:		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
a	The governing body?	_8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	լ 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	Nο
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			•
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			***********
12a	many and the state of the state	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	20	4-	
C	in Schedule O how this was done	12c	Х	
40		13	X	
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	**	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•		
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion 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 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🕨	·	
	826LA - (213) 413-3388			
25200	1714 W. SUNSET BLVD, LOS ANGELES, CA 90026			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 organ		orga !	aniza			mpei	<u>nsat</u>			
(A)		(B) (C)						(D)	{E}	(F)
Name and Title	Average	(do	(do not check more than one box, unless person is both an			than	опе	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of
	(list any	ł	l · · ·	Ţ	Γ.]	, .	the	organizations	other compensation
	hours for	dire				-		organization	(W-2/1099-MISC)	from the
	related	15 g	35			ls#		(W-2/1099-MISC)	(1. 271000 331100)	organization
	organizations	25	릁		3,6	E E		,,		and related
	below	ndivide at trustee or director	nstitutienal trustea	1	48y e Ti ployea	S es	as			organizations
	line)	E E	響	Officer	şş.	High est companisated employee	E			•
(1) SALLY WILLCOX	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) JODIE EVANS	1.00									
VICE PRESIDENT		X		X	<u> </u>			0.	0.	0.
(3) BRAD SIMPSON	1.00	1						_		
SECRETARY		X	ļ	X		ļ		ļ O•	0.	0.
(4) JOHN T. GILBERTSON	2.00							_		_
TREASURER	4.00	Х	₋	X	-			0.	0.	0.
(5) MAC BARNETT	1.00		-	ł					_	_
DIRECTOR		X		_		_		0.	0.	0.
(6) JOSHUAH BEARMAN	1.00								_	_
DIRECTOR		Х		<u> </u>		_		0.	0.	0.
(7) GRANT DEVAUL	1.00									_
DIRECTOR		X			-			0.		0.
(8) DAVE EGGERS	1.00	١,,							_	_
DIRECTOR	1 00	X	├	 	├-	\vdash		0.	0.	0.
(9) TERENA THYNE EISNER	1.00	١,,							_	_
DIRECTOR	1 00	X	┢	├-	┢	┼─	├	0.	0.	0.
(10) KEITH KNIGHT	1.00	.						۱ ,	_	,
DIRECTOR	1.00	Х	\vdash		\vdash	╁		0.	0.	0.
(11) KRYSTYN MADRIGAL	1.00	x						0.	0.	0,
DIRECTOR CRAVILLIC	1.00	┼≏	⊢	 -	 	··		· · · · · · · · · · · · · · · · · · ·	U.	
(12) DEANNA GRAVILLIS	1.00	x						0.	0.	0.
DIRECTOR (13) JOEL ARQUILLOS	40.00	1	T		t	t			· ·	
EXECUTIVE DIRECTOR	10.00	1		\mathbf{x}				92,500.	0.	4,824.
MARGETT BIRDONG								22,000-		
				L	<u> </u>	<u> </u>	<u> </u>			
]								
		<u> </u>	<u> </u>			_				
	ļ	1								
			L	L	<u> </u>	<u>L</u>	L		<u></u>	

Part VII Section A, Officers, Directors, Trustee, Key Employees, and Hiphest Compensated Employees (portneyed)	Form 990										38-37	220	92	Page 8	
Name and title Average House for restance Ho	Part VI	Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anı	d Hi	ighe	st C	ompensated Employe	es (continued)	· ,			
Total number of independent contractors (including but not imited to those listed above) who received more than \$\frac{1}{2} \frac{1}{2} \		(A)	(B) Average hours per week	(do box, offic	j not cr unles	Pos neck sspe	C) ition more rson	is bot	one h ar	(D) Reportable compensation from	(E) Reportable compensation from related	Reportable compensation		Estimated amount of	
1b Sub-total			hours for related organizations below	Individual fusitee or directo	irs viduo insiee or onece insifucionai fu stee Officei Key employee Hiphest compensated Ainfloyee			Highest compensated simployee	Forr 31	organization)	from organiz and rel	the ation ated	
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than														· <u>-</u>	
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than															
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than															
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than													,		
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than															
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than															
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than															
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than														••	
c Total from continuation sheets to Part VII, Section A 92,500. 0. 0. 4,824. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												- -		•••	
Total fundables 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accurae compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than								\	<u> </u>			_	4,	_	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No								•					4.		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person fisted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Tota	al number of individuals (including but r						e) wh	no re	eceived more than \$100	,000 of reportable				
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? If "Yes," complete Schedule J for such individual Total number of independent contractors (including but not limited to those listed above) who received more than		•													
Did any person fisted on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 For	any individual listed on line 1a, is the se	um of reportabl	e co	mpe	nsa	ition	and	d oth	ner compensation from	the organization				
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did	any person fisted on line 1a receive or	accrue compen	isati	on fr	om	any	unr	elat	ed organization or indivi	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			npiete Schedule	J J (or su	cn į	pers	son.				·. {	5	<u> </u>	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Cor	nplete this table for your five highest co	•	•								ensatio	on from		
2 Total number of independent contractors (including but not limited to those listed above) who received more than	the	(A)					/Itn •	ar w	ianir	(B)		Com		ion	
		Halla and Business		NC	'nΓ	٠.				becomptoned a		0011	-		
															
									1						
		·							\dagger						
			•••						+				•		
w respect or companion from the enganement of		al number of independent contractors (0,000 of compensation from the organ		ot lin	nited	to.		_	sted	above) who received m	ore than				

Form 990 (2012) 826LA
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a response	to any question	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from fax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contribut	1c 1d ions) 1e	37,776. 15,200.				3.04.01.314
ontribution of Other	g	All other contributions, gifts, gran similar amounts not included abor Noncash contributions, noticed in lines	ve1f	994,913.				
O re	<u>h</u>	Total. Add lines 1a-1f			1,047,889.			
e	2 a	CONTRACTED SERV	CES	Business Code 611710	7,035.	7,035.		·
Program Service Revenue	b c d							
Progra Re	ė							
		Total, Add lines 2 <u>a-2f</u>			7,035.			
	3	Investment income (including other similar amounts)	1,947.			1,947.		
- 1	4	Income from investment of tax	x-exempt bond p	roceeds	·			
	5	Royalties	(i) Real	(ii) Personal				
		Gross rents t ess: rental expenses		,,,				
	С	Rental income or (loss) Net rental income or (loss)		>				
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	Less: cost or other basis and sales expenses Gain or (loss)						
Revenue	8 a		g events (not '76 • of					
Other R		Part IV, line 18 Less: direct expenses	b	3,951. 3,951.	0.			
	9 а	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See		0.		: .	
	c	Less: direct expenses Net income or (loss) from gam	ing activities	>				
	b	Gross sales of inventory, less and allowances Less; cost of goods sold	a	29,230.	45.355.		45.355.	
}	C	Net income or (loss) from sales			±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40,000+	:
}	11 a	Miscellaneous Revenu	e	Business Code				· · · ·
	þ							
	d	All other revenue						
	e	Total. Add lines 11a-11d					······	
232009 12-10-	12 12	Total revenue. See instructions.		<u></u>	1,102,226.	7,035.	45,355.	1,947. Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses Crants and other assistance to governments and organizations in the United States. See Part IV, line 21. Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9.749. 97.485. 68,240. 19,496. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 377,895. 326,101. 18,379. Other salaries and wages 33,415. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 35,430. 30,091. 2.1723,167. Other employee benefits 31,695. 2,990. 38,145. 3,460. Payroll taxes 10 Fees for services (non-employees): 11 Management Legal 28,471 24,200, 424 2.847. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 64,369. 54.714. 3.217. 6.438. Office expenses 13 Information technology 14 15 Royalties 147,476. 125,355. 7,373 14,748. Occupancy 16 6.143 7.227 361 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 41,847. 35,570. 2.092. Payments to affiliates 4,185. 21 5,199. 51,986. 2,599 44,188. Depreciation, depletion, and amortization 22 13,513. 11,486. 676 1,351. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. il line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 22.330. 18.981 1,116 2,233. MISCELLANEOUS AMERICORP VISTA 19,925. 16.936. 996 1,993. c e. All other expenses. 946,099. 793,700. 62,891 Total functional expenses. Add lines 1 through 24e 89,508. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SO⊇ 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response to an	y question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			182,613.	1	27,507
	2	Savings and temporary cash investments			1,084,196.	2	1,156,355
	3	Pledges and grants receivable, net			87,664.	3	44,200
	4	Accounts receivable, net		r		4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified persor	ns (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing		::: .	
		employers and sponsoring organizations of sec		· · ·			
		employees' beneficiary organizations (see instr)				6	
2	7	Notes and loans receivable, net				7	
2000	8	Inventories for sale or use			36,016.	В	44,963
۲	9	Prepaid expenses and deferred charges			2,850.	9	5,248
	-	Land, buildings, and equipment: cost or other	1 1		2,000.	<u> </u>	3,240
		basis. Complete Part VI of Schedule D	102	299,160.]	
- 1	h	Less: accumulated depreciation		205,538.	100,137.	10c	93,622
	11	Investments - publicly traded securities				11	286,971
	12	Investments - other securities. See Part IV, line	· · · · · · · · · · · · · · · · · · ·	12	200,071		
	13	Investments program-related. See Part IV, line		13			
	14	Intangible assets			14	·	
-	15	Other assets. See Part IV, line 11		20,933.	15	28,936	
ŀ	16	Total assets, Add lines 1 through 15 (must equ		1,514,409.	16	1,687,802	
	17	Accounts payable and accrued expenses			49,934.	17	80,605
	18	Grants payable			23/3220	18	00,003
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
.	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and forme				<i>2</i> 1	-
5	22	key employees, highest compensated employe			•	: :	·
		Complete Part II of Schedule L				22	
	00	Secured mortgages and notes payable to unrel				23	
	23	Unsecured notes and loans payable to unrelate	-			24	<u> </u>
	24	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		Out and the D		·		ae	
	~~	Schedule D Total liabilities. Add lines 17 through 25		· · · -	49,934.	25	80,605
_	26	Organizations that follow SFAS 117 (ASC 958	1) abaalab	V	43,334,	_26	00,003
.				ere 🚩 🔼 and	•		
	A-7	complete lines 27 through 29, and lines 33 ar			1,344,725.	07	1 471 400
ij	27	Unrestricted net assets			119,750.	27	1,471,400
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	28	Temporarily restricted net assets			113,730.	28	135,797
]	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		hook hara		29	
[•	.oc 900), c	neck nere			
, ,	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds				30	
ō 2 i	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed					
	31					31 32	
Net Assers of Fully balances	32	Retained earnings, endowment, accumulated in			1,464,475.		1,607,197
į	33	Total net assets or fund balances			1,514,409.	33	1,687,802
	34	Total liabilities and net assets/fund balances			1,314,403.	34	1,007,002

OUL	990 (2012) 826LA	38-37	722092	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			···-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,102	2,2	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	946	, 0	99.
3	Revenue less expenses. Subtract line 2 from line 1	3	156	, 1	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,464	. 4	75.
5	Net unrealized gains (losses) on investments	5			05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,607	1,1	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				,Ш
				Yes	Nο
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	a Ω.			-
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a	1.1.11		10.00
	separate basis, consolidated basis, or both:			I	
	Separate basis Consolidated basis Both consolidated and separate basis			7.	17.
b	Were the organization's financial statements audited by an independent accountant?		25b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ite basis,		, ''	
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		[: : : :] :		F
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t		- -		:
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O.	1 - 2 - 1	, 4., 5,	

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

b. 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

Act and OMB Circular A-133?

За

3b

SCHEDULE A

Department of the Treasury Internal Revenue Servico

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 38-3722092 826LA Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). $|\mathbf{x}|$ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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. ь Ш Туре ⊪ **c** ____ Type III · Functionally integrated d Type III - Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (jiii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organization in col. (descriped on lines 1-9) jin oot. (i) listed in your organization in col. organization (i) organized in the support above or IRC section. governing document? (i) of your support? U.S.? (see instructions)) Yes Nο Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

Schedule A (Form 990 or 990-EZ) 2012 826LA
Part II Support Schedule for Organ 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 quality under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) fotal
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants.")	517,727.	1,079,312.	936,946.	954,452.	1,047,889.	4,536,326,
2	Tax revenues levied for the organ-						•
	ization'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	517,727.	1,079,312,	936,946.	954,452.	1,047,889,	4,536,326.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly				1 #11		
	supported organization) included					:	
	on line 1 that exceeds 2% of the					· · · ·	
	amount shown on line 11,		1		:.;		
	column (f)		. •				750,757.
6	Public support, Subtract line 5 from line 4.		•				3 785 569
	etion B. Total Support						3,703,303.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	517,727.	1 079 312	936.946.	954,452.	1,047,889,	4,536,326,
•	Gross income from interest.	32.,,.					4,330,580,
a	dividends, payments received on		•				
	securities loans, rents, royalties						
		2,547.	2,537.	3,110.	2,375.	1,947.	12,516.
_	and income from similar sources	4,541.	4,3311;	9,110.	2,3,3.	1,741.	12,010.
9	Net income from unrelated business		i .				
	activities, whether or not the		:				
	business is regularly carned on						
10	Other income. Do not include gain		:				
	or loss from the sale of capital	2 500	0 560	04 500	10 000	7 035	CO 077
	assets (Explain in Part IV.)	3,500.	8,562	24,500.	19,280.	7,035	62,877.
	Total support. Add lines 7 through 10 /				l		4,611,719.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						. \Box
C.	organization, check this box and stop ction C. Computation of Publi	here o Support Por	contago				
							92 00 ~
	Public support percentage for 2012 (li		•			14	82.09 %
	Public support percentage from 2011					15	81.43 %
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2011. If the o	_					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	-	•	
	meets the "facts-and-circumstances" I						
k	10% -facts-and-dircumstances test	_					iu% or
	more, and if the organization meets th				= -		⊾ 1 1
	organization meets the 'facts-and-circ			•	–		
18	Private foundation. If the organization	тою поселеска в	<u>ж оп ште та, 16а</u>	, rob, ra, or i/c			
					⇒¢n€	dule A (Form 990)	01 990-62) 2012

Schedule A (Form 990 or 990-EZ) 2012 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
- P.S. com design tooks field hallow releases complete Part II \

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						ĺ
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqual flee persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
c	Add lines 7a and 7b			* · · · · · · · · · · · · · · · · · · ·			
	Public support (Subhattine /c trombna 6)	<u> </u>		<u> </u>		<u> </u>	
	ction B. Total Support		:	г	1		r ·-···
	ndar year (or fiscal year beginning in) ► 🛚	(a) 2008	(P) S008	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		· 			:	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				}		
	acquired alter June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add tines 9, 10c, 11, and 12.)			<u> </u>	<u> </u>		
14	First five years. If the $\Gamma orm~990$ is for						. [1
	check this box and stop here			·····		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	ction C. Computation of Publi					1	
	Public support percentage for 2012 (li						<u>%</u>
	Public support percentage from 2011					16	%
	ction D. Computation of Inves					17	
	Investment income percentage for 20						<u>%</u> %
	Investment income percentage from 2 33 1/3% support tests - 2012. If the						
192							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization > 5 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
٤	line 18 is not more than 33 1/3%, check this hox and stop here. The organization qualifies as a publicly supported organization						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

** PUBLIC DISCLOSURE COPY **

(Form 990, 990-EZ,

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Employer identification number

8:	26LA	38-3722092
Organization type (check	one);	110
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the req (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.	
total contributions	(c)(7), (8), or (10) organization filing Form 990 or 990-FZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educulty to children or animals. Complete Parts I, II, and III.	
contributions for t If this box is chec purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not to ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because the, etc., contributions of \$5,000 or more during the year	ital to more than \$1,000. ely religious, charitable, etc.,
out it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on Part it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

826LA	<u> </u>		<u> -3722092</u>
Part I	Contributors (see instructions). Use duplicate copies of Part Lif addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s55,000.	Person X. Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		s50,,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
3		\$75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>105,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
Na. <u>6</u>	Name, address, and ZIP + 4	\$ 128,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

826LA		38	3-3722092
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

826LA

38-3722092

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990 EZ, or 990 PF) (2012) Page 4 Employer identification number Name of organization 38-3722092 826LA 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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11l, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · ·	, , , , , , , , , , , , , , , , , , , ,
2	Aggregate contributions to (during year)		
	Aggregate contributions to (coming year) Aggregate grants from (during year)	l	· ···
3	Aggregate value at end of year	l	· · · · · · · · · · · · · · · · · · ·
4	Did the organization inform all donors and donor advisors in a		ınde
5	are the organization's property, subject to the organization's		(1
_	Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor of		
	• •	• • • •	
Pa		genization answered "Ves" to Form 990. Part II	
	Purpose(s) of conservation easements held by the organizati		Y, III 6 7.
1	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
		Freservation of a certified	Thistone structure
_	Preservation of open space Complete lines 2a through 2d if the organization held a qualif	find appearation anothing time in the form of a	ganggo stian against at - la
2	•	ned conservation contribution in the form of a f	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Test a such as of annear ation accompate		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
Ç.	Number of conservation easements on a certified historic str		2¢
đ	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
_	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No.
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and a Does each conservation easement reported on line 2(d) above		
8	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's imancial statements that describes the d	organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	r Similar Assets
ra	Complete if the organization answered "Yes" to Form		Olimidi Assets.
	If the organization elected, as permitted under SFAS 116 (AS		and halance shoot works of ort
12	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		or public service, provide, in Part XIII,
L	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	edetation, or resource at the tries affect of public s	so, tipo, provide the renoving anitorits
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		···· S
2	If the organization received or held works of art, historical trea		n provide
2	the following amounts required to be reported under SFAS 1		n, provide
_	Revenues included in Form 990, Part VIII, line 1	To know addy relating to these literies.	> ¢
a h	Assets included in Form 990, Part X		~~ <u> </u>
D	Assets included in rollingso, Fall A		🚩 💆

Sche	dule D (Form 990) 2012 826LA						722092 Page 2
	t III Organizations Maintaining Co						
3	Using the organization's acquisition, accession	n, and other records, check	k any of the	following that	are a signifi	cant use of its	s collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange progra	ms		
ь	Scholarly research	e \square	Other				
c	Preservation for future generations						
4	Provide a description of the organization's coll	ections and explain how th	ney further t	he organizatio	n's exempt	purpose in Pa	art XIII,
5	During the year, did the organization solicit or I						
•	to be sold to raise funds rather than to be main					Г	Yes No
Par	t IV Escrow and Custodial Arrang				Yes" to Farn	n 990. Part IV	
	reported an amount on Form 990, Part		.			•	
12	Is the organization an agent, trustee, custodial		contribution	ns or other as:	sets not inclu	uded	
Ia	on Form 990, Part X?					Į.	Yes No
_	If "Yes," explain the arrangement in Part XIII ar						
D	If 168, explain the arrangement in Fart Air ai	no complete the following	cabis.		-	 1	Amount
	m to the Australia				-	4.	
	Beginning balance				. –	10 ;	
	Additions during the year						
e	Distributions during the year					<u>1e</u>	
f	Ending balance						
	Did the organization include an amount on For					L.	Yes No
b	If "Yes," explain the arrangement in Part XIII. C						i l
Par	t V Endowment Funds. Complete if t		"Yes" to Fo				
		(a) Current year (b) F	rior year	(c) Two years	s back (d) T	hree years bac	k (e) Four years back
1a	Beginning of year balance						
b	Contributions						<u> </u>
	Net investment earnings, gains, and losses						
ď	Grants or scholarships	<u> </u>					
	Other expenditures for facilities		•				
-	and programs						
	Administrative expenses		·				
f							"
9	End of year balance		a column (all hald as:			
2		m year end baiance (ine i %	g, country	aj) Helu as.			
а	Board designated or quasi-endowment						
þ	Permanent endowment	%					
C	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should						
3а	Are there endowment funds not in the posses	sion of the organization the	at are held a	and administer	red for the o	rganization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						
b	If "Yes" to 3a(ii), are the related organizations I	listed as required on Sche	dule R?				3b
4	Describe in Part XIII the intended uses of the o	organization's endowment	funds.				
Par	t VI Land, Buildings, and Equipme	ent. See Form 990, Part X	, line 10.				
•	Description of property	(a) Cost or other	(b) Cost	t or other	(c) Accur	nulated	(d) Book value
		basis (investment)	basis	(other)	deprec		
19	Land						•
b	Buildings						
	Leasehold improvements			-		- 1	
d	Equipment			ì			
	Other	į.	29	9,160.	201	5,538.	93,622.
	I, Add lines 1a through 1e. (Column (d) must eq				•		93,622.
1014	a vised in los te an odgit to losiumm toy must eq						

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here it the text of the footnote has been provided in Part XIII.

(8) (9) (10)

THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2013. GENERALLY, 826LA'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2012

Open To Public Inspection

Internal Revenue Service

Employer identification number Name of the organization 38-3722092 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? . No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$6,000 by the organization (iii) Did 'undraiser have custody or control of contributions' (v) Amount paid (vi) Amount paid (iv) Cross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization. listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990 FZ) 2012 826LA 38-3722092 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

•		or fundraising event contributions and gre	(a) Event #1 MINI GOLF	(b) Event #		(c) Other events NONE	(d) Total events (add col. (a) through
			FOR CHEATERS				col. (c))
<u>a</u>			(event type)	(event type	e)	(total number)	con (c))
Revenue	1	Gross receipts	41,727.				41,727.
	2	Less: Contributions	37,776.	 -			37,776.
	3	Gross income (line 1 minus line 2)	3,951.				3,951.
	4	Cash prizes					
eg.	5	Noncash prizes					· · ·
Direct Expenses	в	Rent/facility costs					
irect E	7	Food and beverages					.
Ω	8	Entertainment					
	: 9	Other direct expenses					3,951.
	10						3,951
		Net income summary. Combine line 3, column	n (d), and line 10			<u></u> 1	<u>• 0.</u>
Pe	ırt l		answered "Yes" to Form	990, Part IV, line	e 19, or rep	oorted more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/in	uctont		(d) Total gaming (add
Revenue	:		(a) Bingo	bingo/progressiv	I	(c) Other gaming	col. (a) through col. (c))
æ	1	Cross revenue					
808	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes No	% [Yes No	%
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			I	- (,)
	8	Net gaming income summary. Combine line 1	l, column d, and line <u>7</u>				<u> </u>
_	_		kao gamina nativitinto				
_		ter the state(s) in which the organization opera the organization licensed to operate gaming ac	· · · · —			• •	Yes No
		No, ' explain:					
10-		ere any of the organization's gaming licenses re		rminated during	the tax ve	ar?	Yes No
		Yes," explain:			yo		
	-				· · · · · · · · · · · · · · · · · · ·		
						Sahadula C	Form 990 or 990-E7\ 2012

	nedule G (Form 990 or 990-EZ) 2012 8 2 6 LA		<u>722092</u>	Page 3
			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	%
	An outside facility			
	Enter the name and address of the person who prepares the organization's garning/special events books and recor			
14	Effect the finance and addices of the person who proposes and organization organization of garming appearance from a person who proposes and the person of t			
	Name		· <u>-</u> -	
	Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party 🕨 \$			
(c if "Yes," enter name and address of the third party:			
	Name			
	Address ►			
48	Gaming manager information:			
10				
	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	L No
ı	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 🕨 \$			
Pέ	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu			
	fines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	ormation	(see instruc	ctions).
	- · · · · · · · · · · · · · · · · · · ·			
_				

SCHEDULE 0

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

826LA

Employer identification number 38-3722092

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BECAUSE THERE IS NO BETTER WAY TO MOTIVATE STUDENTS TO WRITE AND TO
VALUE THEIR WRITING THAN TO SHARE THEIR WORK WITH A WIDE AUDIENCE,
826LA IS DEDICATED TO PUBLISHING STUDENT WORK. THIS YEAR, 826LA
PUBLISHED 15 CHAPBOOKS OF STUDENT WRITING CREATED DURING AFTER-SCHOOL
TUTORING THIS YEAR AND CELEBRATED EACH AT A BOOK RELEASE PARTY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WORKSHOPS: ALL YEAR ROUND, 826LA OFFERS FREE WORKSHOPS DESIGNED TO
FOSTER CREATIVITY AND STRENGTHEN WRITING SKILLS IN A WIDE VARIETY OF
AREAS, FROM THE PLAYFUL TO THE PRACTICAL. IN 2013, 826LA HAS SHIFTED
FOCUS FROM ONE-DAY WORKSHOPS TO MULTI-WEEK WORKSHOPS, INCREASING THE
NUMBER OF HOURS THAT EACH STUDENT BENEFITS FROM ONE-ON-ONE WRITING
SUPPORT. AS A RESULT, 826LA OFFERED 77 WORKSHOPS WITH A TOTAL OF 262
SESSIONS, AND 37 OF THOSE WORKSHOPS FEATURED THREE OR MORE SESSIONS.
1,174 STUDENTS PARTICIPATED IN WORKSHOPS THIS YEAR, A 9% INCREASE FROM
THE PREVIOUS YEAR. 826LA CONTINUES TO OFFER MONTHLY WORKSHOPS AT THE
UCLA ARMAND HAMMER MUSEUM.
EXPENSES \$ 152,945. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM UNDER THE DIRECTION OF 826LA'S

PRIOR TO ITS FILING.

EXECUTIVE DIRECTOR AND BOARD TREASURER. THE FORM 990 IS ALSO REVIEWED BY

MEMBERS OF 826LA'S EXECUTIVE COMMITTEE AND DISTRIBUTED TO BOARD MEMBERS

2012 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Current Year Deduction	37,576.	14,410. 51,986. 51,986.					
Current Sec 179		0 0		 			
Accumulated Depreciation	124,732.	28,820. 153,552. 153,552.			'E'		
Basis For Depreciation	220,507.	78,653. 299,160. 299,160.					
Reduction in Basis		0 0					
Bus % Excl	::		• .				
Unadjusted Cost Or Basis	220,507	78,653. 299,160. 299,160.	: ::::::::::::::::::::::::::::::::::::				
No.		φ · · · · · · · · · · · · · · · · · · ·		 			
Life	5.00	2.00					
Method							
Cate Acquired	VARIESSI	VARIESSL				<u></u>	
Description	MANAGEMENT AND SENERAL LEASEHOLD IMPROVEMENTS	ZEQUIPMENT * 990 PAGE 1.0 TOTAL MANAGEMENT AND GEN * GRAND TOTAL 990 PAGE 10 DEPR					ALL STREET
Asset No.	₹-1						

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction