

FOR TAX YEAR 2012

SOUTH COUNTY OUTREACH

GRUBER AND ASSOCIATES

15151 SPRINGDALE

Huntington Beach, CA 92649

(714)901-1760

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)

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: SOUTH COUNTY OUTREACH, 26776 VISTA TERRACE, LAKE FOREST, CA 92630. Includes tax-exempt status (501(c)(3)), website (WWW.SCO-OC.ORG), and formation year (1988).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Rows include mission statement (1), governance (2-7), revenue (8-12), expenses (13-19), and fund balances (20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Matthew Conrad, Treasurer, dated 04-11-2013.

Paid Preparer Use Only section for David Gruber, GRUBER AND ASSOCIATES, dated 04-11-2013.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE TRANSITIONAL HOUSING FOR THE HOMELESS TO GET THEM BACK ON THEIR FEET. PROVIDE FOOD, RENT, AND UTILITY ASSISTANCE TO THOSE IN NEED TO PREVENT HOMELESSNESS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,372,263 including grants of \$) (Revenue \$)

SINCE 1989, IT HAS BEEN OUR VISION THAT ORANGE COUNTY BECOMES A COMMUNITY WHERE NO ONE NEED EXPERIENCE HUNGER OR HOMELESSNESS. AS A NON-PROFIT, NON-SECTARIAN ORGANIZATION DEDICATED TO HELPING THE UNDER EMPLOYED, THE UNEMPLOYED, HOUSEHOLDS IN CRISIS AND THE HOMELESS, MANY OF OUR CLIENTS STRUGGLE TO MAKE A LIVING EARNING MINIMUM WAGE. WE ASSIST ALMOST 9,500 AT-RISK SOUTH ORANGE COUNTY RESIDENTS ALMOST HALF OF THOSE ARE CHILDREN. SERVICES INCLUDE A FOOD PANTRY, TRANSITIONAL HOUSING PROGRAM, COMPUTER LEARNING LAB, HOMELESS PREVENTION PROGRAM, AND THRIFT STORE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,372,263**

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

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		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		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X
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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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: **Connie O'Hara (949)380-8144 26776 Vista Terrace Lake Forest, CA 92630**

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i v i d u a l	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(1) ANDREW MORROW BOARDMEMBER	1.00	X					0	0	0	
(2) BARBARA FOSTER BOARDMEMBER	1.00	X					0	0	0	
(3) CHANG LEE BOARDMEMBER	1.00	X					0	0	0	
(4) KATHY WILBUR BOARDMEMBER	1.00	X					0	0	0	
(5) KEN BOWEN BOARDMEMBER	1.00	X					0	0	0	
(6) MELINDA WHITE BOARDMEMBER	1.00	X					0	0	0	
(7) MIKE STUHLEY BOARDMEMBER	1.00	X					0	0	0	
(8) MIKE THOMPSON BOARDMEMBER	1.00	X					0	0	0	
(9) ROBERT NELSON BOARDMEMBER	1.00	X					0	0	0	
(10) STEVE SEVERY BOARDMEMBER	1.00	X					0	0	0	
(11) BOB VAN EVERY SECRETARY	2.00			X			0	0	0	
(12) DEBBY THRAILKILL PRESIDENT	2.00			X			0	0	0	
(13) LARRY MOUNT PRESIDENT ELECT	1.00			X			0	0	0	
(14) MATTHEW CONRAD TREASURER	2.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i r e c t	I n d i r e c t	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15) LARA FISHER EXECUTIVE DIRECTOR	40.00					X		74,078	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								74,078	0	0

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 **0**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains 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 tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e 1,671,550					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 715,767					
	g Noncash contributions included in lines 1a-1f: \$	1,344,470					
	h Total. Add lines 1a-1f		2,387,317				
Program Service Revenue	2a <u>TRANSITIONAL HOUSE RENT</u>	Business Code 532000	72,085	72,085			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		72,085				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,551	5,551			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
c Gain or (loss)							
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	52,807					
	b Less: direct expenses	b	26,194				
	c Net income or (loss) from fundraising events		26,613			26,613	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	159,841					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		159,841	159,841			
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,651,407	237,477	0	26,613	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,713	62,841	12,872	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	373,675	314,645	59,030	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	25,507	21,426	4,081	
10 Payroll taxes	38,396	32,253	6,143	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,700	8,905	4,795	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	64,200	12,840	28,890	22,470
12 Advertising and promotion				
13 Office expenses	10,579	6,876	3,703	
14 Information technology				
15 Royalties				
16 Occupancy	133,890	120,501	13,389	
17 Travel	22,687		22,687	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,985		1,985	
20 Interest	26,253	23,628	2,625	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,171	80,236	7,935	
23 Insurance	12,970	10,376	2,594	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Training and counseling	106,360	106,360		
b Transitional housing	106,758	106,758		
c Rental and utility assistanc	30,446	30,446		
d In kind- food donations	1,374,083	1,360,642	13,441	
e All other expenses	115,836	73,530	28,701	13,605
25 Total functional expenses. Add lines 1 through 24e	2,621,209	2,372,263	212,871	36,075
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	286,498	1	397,889
	2 Savings and temporary cash investments	158,000	2	162,978
	3 Pledges and grants receivable, net	48,205	3	35,586
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,400	8	29,152
	9 Prepaid expenses and deferred charges	21,095	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,233,638		
	b Less: accumulated depreciation	10b 1,044,316	1,267,479	10c 1,189,322
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		13,936	15
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,816,613	16	1,828,863
Liabilities	17 Accounts payable and accrued expenses	27,008	17	32,851
	18 Grants payable	2,577	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	491,709	23	476,563
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,153	25	13,085	
26 Total liabilities. Add lines 17 through 25		540,447	26	522,499
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,273,788	27	1,303,725
	28 Temporarily restricted net assets	2,378	28	2,639
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,276,166	33	1,306,364	
34 Total liabilities and net assets/fund balances	1,816,613	34	1,828,863	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,651,407
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,621,209
3	Revenue less expenses. Subtract line 2 from line 1	3	30,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,276,166
5	Net unrealized gains (losses) on investments	5	
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	1,306,364

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SOUTH COUNTY OUTREACH

33-0330233

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 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.

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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 disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

SOUTH COUNTY OUTREACH

33-0330233

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

Name of organization SOUTH COUNTY OUTREACH	Employer identification number 33-0330233
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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
1	A DONOR ADVISED FUND OF OCCF 4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92260	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ROBERT BARBOUR PO BOX 6416 Laguna Niguel, CA 92607	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TARSADIA FOUNDATION 620 NEWPORT CENTER DRIVE Newport Beach, CA 92660	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92660	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	APPLIED MEDICAL 22872 AVENIDA EMPRESA Rancho Santa Margarita, CA 92688	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GREEN FOUNDATION 225 S LAKE AVE SUITE 1410 Pasadena, CA 91101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOUTH COUNTY OUTREACH	Employer identification number 33-0330233
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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	MOUNT FAMILY FUND C/O OC COMMUNITY FOUNDATION 4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92660	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NATIONAL CREDITORS CONNECTION INC 14 ORCHARD SUITE 200 Lake Forest, CA 92630	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ROBERT NELSON 26641 LAUREL CREST DRIVE Laguna Hills, CA 92653	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAMUEL TANG PO BOX 4586 Mission Viejo, CA 92690	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LAGUNA NIGUEL WOMAN'S CLUB PO BOX 7112 Laguna Niguel, CA 92607	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WELLS FARGO FOUNDATION 2030 MAIN ST SUITE 1100 Irvine, CA 92614	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOUTH COUNTY OUTREACH	Employer identification number 33-0330233
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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
13	SL GIMBEL FOUNDATION 3700 6TH ST SUITE 200 Riverside, CA 92501	\$ 6,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	LISA RYDELL 42 FOLIATE WAY Ladera Ranch, CA 92694	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	APPLIED MEDICAL RESOURCES 22872 AVENIDA EMPRESA Rancho Santa Margarita, CA 92688	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CHRIST UNITY CHURCH OF SJC UNITY OF ALISO VIEJO PO BOX 6599 Laguna Niguel, CA 92607	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CHRIST UNITY OF SJC UNITY OF ALISO VIEJO PO BOX 6599 Laguna Niguel, CA 92607	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	EDWARDS LIFESCIENCES CORP ONE EDWARDS WAY Irvine, CA 92614	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOUTH COUNTY OUTREACH	Employer identification number 33-0330233
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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
19	GREGORY GRABAR 10 VAN GOGH WAY Coto De Caza, CA 92679	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	UNION BANK OF CALIFORNIA FOUNDATION 445 SOUTH FIGUEROA ST SUITE 401 Los Angeles, CA 90071	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	WELLS FARGO CAPITAL FINANCE 2450 COLORADO AVE 3RD FLOOR Santa Monica, CA 90404	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	WILLIAM GILLESPIE FOUNDATION 610 NEWPORT CENTER DR SUITE 950 Newport Beach, CA 92660	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	JUDITH WRIGHT 4060 CASSIA LANE Yorba Linda, CA 92886	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

SOUTH COUNTY OUTREACH

33-0330233

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year. Rows 5-6: Questions about donor advised funds and grant fund usage.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9: Questions about conservation easements, including purpose, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows 1a-1b: Questions about reporting art and historical treasures. Rows 2a-2b: Questions about reporting art and historical treasures for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,946,936	838,089	1,108,847
c Leasehold improvements		151,216	110,963	40,253
d Equipment		135,486	95,264	40,222
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,189,322

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deposits	11,436
(2) Other	2,500
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,936

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Security and other deposits	13,085	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,085	

2. 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 if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	2,651,407
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,651,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,651,407

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	2,621,209
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,621,209
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,621,209

Part XIII Supplemental Information

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LOVE DOVE</u> (event type)	<u>TACKY TICKI</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	39,766	13,041	52,807
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	39,766	13,041	52,807
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	18,929	7,265	26,194
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(26,194)
11	Net income summary. Combine line 3, column (d), and line 10 ▶			26,613	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash 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 line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SOUTH COUNTY OUTREACH

33-0330233

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	2,100	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	822,068	1,315,308	\$1.60 per lb
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(Gift cards)	X	1	8,925	FMV
26	Other ▶(Computers)	X	5	18,131	FMV
27	Other ▶()				
28	Other ▶()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

SOUTH COUNTY OUTREACH

Employer identification number

33-0330233

01. Form 990 governing body review (Part VI, line 11)

EXECUTIVE FINANCE COMMITTEE REVIEWS THE FORM 990 AND SIGNS FOR FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

ANNUALLY REVIEWS THE POLICY WITH EACH MEMBER. THEN EACH MEMBER RESIGNS THE POLICY.

03. CEO, executive director, top management comp (Part VI, line 15a)

SOUTH COUNTY OUTREACH DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON THE

FOLLOWING FACTORS:

1. A COMPENSATION & BENEFITS SURVEY FOR SOUTHERN AND CENTRAL CALIFORNIA - NONPROFIT

ORGANIZATIONS, WHICH IS PREPARED BY THE CENTER FOR NONPROFIT MANAGEMENT.

2. A REVIEW OF COMPENSATION OF OTHER EXECUTIVE DIRECTORS FOR SIMILAR TASKS AND

ORGANIZATIONS; AND

3. AN APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS

04. Other officer or key employee compensation (Part VI, line 15b)

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS BASED

IN PART BY STAFF PERFORMANCE, RECOMMENDATIONS BY THE EXECUTIVE DIRECTOR, AND BY USING THE

COMPENSATION AND BENEFITS SURVEY FOR SOUTHERN AND CENTRAL CALIFORNIA - NONPROFIT

ORGANIZATIONS PREPARED BY THE CENTER FOR NONPROFIT MANAGEMENT.

05. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST, THESE DOCUMENTS ARE FORWARDED BY MAIL OR EMAIL TO REQUESTING PARTY.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return
SOUTH COUNTY OUTREACH

Business or activity to which this form relates
FORM 990 - 1

Identifying number
33-0330233

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	87,170

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		10,012	5	HY	SL	1,001
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	88,171
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) as shown on return

FEIN

SOUTH COUNTY OUTREACH

33-0330233

FORM 990, PART IX, LINE 24e, OTHER EXPENSE

Description	Amount
Other in-kind	\$ 8,925
Utilities and telephone	24,057
Equipment lease	3,765
Repairs and maintenance	25,786
Printing and postage	10,997
Total:	\$ 73,530

FORM 990, PART IX, LINE 24e, OTHER EXPENSES

Description	Amount
Utilities and telephone	\$ 2,673
Dues and subscriptions	2,728
Equipment lease	5,648
Repairs and maintenance	6,446
Bank fees	6,870
Recognition	2,865
Taxes and licenses	745
Miscellaneous	726
Total:	\$ 28,701

FORM 990, PART IX, LINE 24e, OTHER EXPENSES

Description	Amount
Marketing	\$ 11,906
Public relations	1,699
Total:	\$ 13,605

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2012

(Keep for your records)

Name of the organization

SOUTH COUNTY OUTREACH

Employer identification number

33-0330233

2% of the amount on Schedule A, part II, line 11, column (f) **244,144**

Name	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
A DONOR ADVISED FUND OF OCCF					30,000	30,000	
ROBERT BARBOUR					25,000	25,000	
TARSADIA FOUNDATION					20,000	20,000	
ORANGE COUNTY COMMUNITY FOUNDATION					15,000	15,000	
APPLIED MEDICAL					10,000	10,000	
GREEN FOUNDATION					10,000	10,000	
MOUNT FAMILY FUND					10,000	10,000	
NATIONAL CREDITORS CONNECTION, INC					10,000	10,000	
ROBERT NELSON					10,000	10,000	
SAMUEL TANG					10,000	10,000	
LAGUNA NIGUEL WOMAN'S CLUB					8,500	8,500	
WELLS FARGO FOUNDATION					7,500	7,500	
S.L. GIMBEL FOUNDATION					6,600	6,600	
LISA RYDELL					5,100	5,100	
APPLIED MEDICAL RESOURCES					5,000	5,000	
CHRIST UNITY CHURCH OF SJC					5,000	5,000	
CHRIST UNITY OF SJC					5,000	5,000	
EDWARDS LIFESCIENCES CORP					5,000	5,000	
GREGORY GRABAR					5,000	5,000	
UNION BANK OF CALIFORNIA FOUNDATION					5,000	5,000	
WELLS FARGO CAPITAL FINANCE					5,000	5,000	
WILLIAM GILLESPIE FOUNDATION					5,000	5,000	
JUDITH WRIGHT					5,000	5,000	

Total

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* Item was disposed
of during current year.

Depreciation Detail Listing

2012

Program Services
For your records only

PAGE 1

Name(s) as shown on return

Social security number/EIN

SOUTH COUNTY OUTREACH

33-0330233

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TRUCK-LIFT GATE	20001228	1,750		100.00		1,750	5		0		1,750			
2	TRUCK-FORD F150	20060613	1,313		100.00		1,313	5		0		1,313			
3	TRUCK-LIFT GATE	20060621	1,982		100.00		1,982	5		0		1,982			
4	DONATED VEHICLE	20081010	5,395		100.00		5,395	5	SL MQ	20	1,079	4,586			1,079
5	1999 CHEVY TRUCK	20100312	9,577		100.00		9,577	5	SL HY	20	1,915	5,426			1,915
6	2002 FORD F-150	20110526	8,750		100.00		8,750	5	SL HY	20	1,750	2,771			1,750
7	23238 ORANGE 3	19980801	99,174		100.00		99,174	27.5	SL MM	3.636	3,606	51,996			3,606
8	23240 ORANGE 4	19980801	68,127		100.00		68,127	27.5	SL MM	3.636	2,477	35,723			2,477
9	23254 ORANGE 1	19991202	96,852		100.00		96,852	27.5	SL MM	3.636	3,522	46,075			3,522
10	21931 RIMHURST J	19990618	68,040		100.00		68,040	27.5	SL MM	3.636	2,474	33,497			2,474
11	28232 SORRENTO 87	19990618	93,560		100.00		93,560	27.5	SL MM	3.636	3,402	46,062			3,402
12	23251 LA GLORIA D	19990618	60,750		100.00		60,750	27.5	SL MM	3.636	2,209	29,909			2,209
13	21981 RIMHURST C	19990618	52,650		100.00		52,650	27.5	SL MM	3.636	1,915	25,927			1,915
14	23251 LA GLORIA E	20000525	119,131		100.00		119,131	27.5	SL MM	3.636	4,332	54,595			4,332
15	23288 ORANGE 5	20000525	75,297		100.00		75,297	27.5	SL MM	3.636	2,738	34,506			2,738
16	26144 SERANO CREEK 19	20010118	132,902		100.00		132,902	27.5	SL MM	3.636	4,833	57,756			4,833
17	23220 ORANGE 1	20010111	92,298		100.00		92,298	27.5	SL MM	3.636	3,356	40,171			3,356
18	23220 ORANGE 9	20010511	141,359		100.00		141,359	27.5	SL MM	3.636	5,140	59,835			5,140
19	26212 SANZ B MV	20010426	119,714		100.00		119,714	27.5	SL MM	3.636	4,353	50,853			4,353
20	20702 EL TORO RD 35	20020603	139,262		100.00		139,262	27.5	SL MM	3.636	5,064	53,383			5,064
21	23240 ORANGE AVE 9	20020531	174,008		100.00		174,008	27.5	SL MM	3.636	6,328	67,235			6,328
22	23301 LA GLORIATA A	20020411	173,400		100.00		173,400	27.5	SL MM	3.636	6,305	67,517			6,305
23	26383 VIA DAMASCO MV	20030630	240,412		100.00		240,412	27.5	SL MM	3.636	8,742	83,049			8,742
24	IMPROVEMENTS-STORE	20050706	64,403		100.00		64,403	20	SL HY	5	3,220	24,150			3,220
25	IMPROVEMENTS-VISTA TR	20060701	86,813		100.00		86,813	5		0		86,813			
26	COPIER	19920101	800		100.00		800	5		0		800			
27	FREEZER	19930101	1,000		100.00		1,000	10		0		1,000			
28	TELEPHONES	19950701	750		100.00		750	7		0		750			
29	FREEZER	19950901	2,300		100.00		2,300	10		0		2,300			
30	IMAGE UNIT	19950701	325		100.00		325	5		0		325			

* Item was disposed
of during current year.

Depreciation Detail Listing

2012

Program Services
For your records only

PAGE 2

Name(s) as shown on return

Social security number/EIN

SOUTH COUNTY OUTREACH

33-0330233

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
31	COMPUTER	19960101	3,475		100.00		3,475	5		0		3,475			
32	COPIER	19980101	1,616		100.00		1,616	7		0		1,616			
33	TELEPHONE	19980518	2,400		100.00		2,400	7		0		2,400			
34	COMPUTER NETWORK	20000526	5,000		100.00		5,000	3		0		5,000			
35	COMPUTER NETWORK	20000526	6,250		100.00		6,250	3		0		6,250			
36	COMPUTER	20001019	767		100.00		767	3		0		767			
37	FREEZER-DELFIELD	20000310	3,275		100.00		3,275	5		0		3,260			
38	FREEZER-DELFIELD	20000918	3,701		100.00		3,701	5		0		3,701			
39	COMPUTER	20001102	533		100.00		533	3		0		533			
40	COOLER	20010601	379		100.00		379	5		0		379			
41	COMPUTER EQUIPMENT	20010830	300		100.00		300	5		0		300			
42	COMPUTER EQUIPMENT	20010912	300		100.00		300	5		0		300			
43	TELEPHONE CORD	20011009	116		100.00		116	7		0		116			
44	COMPUTER EQUIPMENT	20011016	300		100.00		300	5		0		300			
45	COMPUTER EQUIPMENT	20011115	300		100.00		300	5		0		300			
46	COMPUTER EQUIPMENT	20011214	300		100.00		300	5		0		300			
47	COMPUTER EQUIPMENT	20011214	1,345		100.00		1,345	5		0		1,345			
48	OFFICE EQUIPMENT	20021201	377		100.00		377	5		0		377			
49	OFFICE EQUIPMENT	20010201	3,196		100.00		3,196	5		0		3,196			
50	REMODEL 2001	20010201	3,701		100.00		3,701	5		0		3,701			
51	STORE FIXTURES	20010201	2,377		100.00		2,377	5		0		2,377			
52	WAREHOUSE FREEZER	19981101	3,150		100.00		3,150	10		0		3,150			
53	FOOD PANTRY	20041112	2,748		100.00		2,748	10	SL MQ	10	275	2,246			275
54	CLOTHING CAGE	20050509	808		100.00		808	5		0		808			
55	EQUIPMENT-ROLL N FOLD	20060725	1,107		100.00		1,107	3		0		1,107			
56	OFFICE EQPMNT-DATABAS	20060222	1,750		100.00		1,750	3		0		1,750			
57	OFFICE EQPMNT-DATABAS	20060515	1,278		100.00		1,278	3		0		1,278			
58	PHONE SYSTEM	20091209	4,405		100.00		4,405	5	SL HY	20	881	2,716			881
59	RAMP & SCALE	20090624	2,344		100.00		2,344	5	SL HY	20	469	1,641			469
60	SERVER UPGRADE	20100610	4,012		100.00		4,012	5	SL HY	20	802	2,072			802

* Item was disposed
of during current year.

Depreciation Detail Listing

2012

Program Services
For your records only

PAGE 3

Name(s) as shown on return

Social security number/EIN

SOUTH COUNTY OUTREACH

33-0330233

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
61	HEAT PUMP CONDENSER	20101221	2,000		100.00		2,000	5	SL HY	20	400	800			400
62	2 UNIT SWING DOOR RFR	20110407	5,487		100.00		5,487	5	SL HY	20	1,097	1,920			1,097
63	15 DONATED TOSHIBA LA	20110501	9,497		100.00		9,497	5	SL HY	20	1,899	3,165			1,899
64	DONATED COMPUTERS	20090903	12,936		100.00		12,936	5	SL HY	20	2,587	8,623			2,587
65	DONATED COMPUTERS, LCD	20120630	10,012		100.00		10,012	5	SL HY	10	1,001	1,001			1,001
Totals			2,233,636				2,233,636				88,171	1,044,325			88,171

Land Amount
Net Depreciable Cost

2,233,636

ST ADJ:

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month 01 day 01 year 12, and ending month 12 day 31 year 12.

Corporation/Organization Name SOUTH COUNTY OUTREACH		California corporation number 1453101
Address (suite, room, or PMB no.) 26776 VISTA TERRACE		FEIN 33-0330233
City LAKE FOREST, CA	State CA	ZIP Code 92630

- A** First Return Yes No
- B** Amended Return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final Return? 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 is 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 the 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	264,090	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,387,317	00
	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 \$50,000, see General Instruction B			
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
8 Total gross income. Subtract line 7 from line 4	8	2,651,407	00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,621,209	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	30,198	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11		00
	12 Total payments	12		00
	13 Penalties and Interest. See General Instruction J	13		00
	14 Use tax. See General Instruction K	14		00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		00

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.

Signature of officer MATTHEW CONRAD	Title TREASURER	Date 04-11-2013	Telephone
Preparer's signature	Date 04-11-2013	Check if self-employed <input type="checkbox"/>	PTIN P00758088
Firm's name (or yours, if self-employed) and address GRUBER AND ASSOCIATES 15151 SPRINGDALE Huntington Beach, CA 92649			FEIN 714-901-1760

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

33-0330233

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	258,539	00
	2	Interest	2	5,551	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income. Attach schedule	7		00
	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	264,090	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
Expenses and Disbursements	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	75,713	00
	12	Other salaries and wages	12	437,578	00
	13	Interest	13	26,253	00
	14	Taxes	14	745	00
	15	Rents	15	133,890	00
	16	Depreciation and depletion (See instructions)	16	88,171	00
	17	Other Expenses and Disbursements. Attach schedule	17	1,858,859	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,621,209	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		286,498		397,889
2	Net accounts receivable		48,205		35,586
3	Net notes receivable				
4	Inventories		21,400		29,152
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule		158,000		162,978
10 a	Depreciable assets	2,223,624		2,233,638	
b	Less accumulated depreciation	(956,149)	1,267,479	(1,044,316)	1,189,322
11	Land				
12	Other assets. Attach schedule		35,031		13,936
13	Total assets		1,816,613		1,828,863
Liabilities and net worth					
14	Accounts payable		27,008		32,851
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		491,709		476,563
18	Other liabilities. Attach schedule		21,730		13,085
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,276,166		1,306,364
22	Total liabilities and net worth		1,816,613		1,828,863

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 \$50,000.

1	Net income per books	30,198	7	Income recorded on books this year not included in this return. Attach sch	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	30,198
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	30,198			

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

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

STATEMENT INFORMATION

Name as shown on return:

SOUTH COUNTY OUTREACH

FEIN

33-0330233

US DEPT OF HOUSING & URBAN DEVELOPMENT, JASMINE EVAINS, 611 WEST 6TH
ST SUITE 1000-9DD, LOS ANGELES, CA 90017.

AMERICAN REINVESTMENT RECOVERY ACT, COMMUNITY ACTION PARTNERSHIP OF
ORANGE COUNTY, COMMUNITY SERVICE BLOCK GRANT, ARNULFO YANEZ, 11870
MONARCH ST., GARDEN GROVE, CA 92841.

CITY OF LAGUNA NIGUEL, ERIC LIST, 27781 LA PAZ RD, LAGUNA NIGUEL, CA
92677.

CITY OF LAKE FOREST, ELAINE NAGANO, 25550 COMMERCENTRE DR. STE 100,
LAKE FOREST, CA 92630.

CITY OF MISSION VIEJO, MIKE LINARES, 200 CIVIC CENTER, MISSION VIEJO,
CA 92691.

California Form 199 Supporting Statements

2012

California Form 199

Part I - Line 3 -- Cash Contributions of \$5,000 or More Included on Part I, Line 3

PG01

Name(s) shown on return

Identifying Number

SOUTH COUNTY OUTREACH

33-0330233

(a) Contributors Name	(b) Contributor's Address	(c) Date Received	(d) Amount Received
DONOR FUND OF OCCF	4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92660	12-31-2012	30,000
ROBERT BARBOUR	P.O. BOX 6416 Laguna Niguel, CA 92607	12-31-2012	25,000
TARSADIA FOUNDATION	620 NEWPORT CENTER DRIVE Newport Beach, CA 92660	12-31-2012	20,000
OC COMMUNITY FOUND	4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92660	12-31-2012	15,000
APPLIED MEDICAL	22872 AVENIDA EMPRESA Rancho Santa Ma, CA 92688	12-31-2013	10,000
GREEN FOUNDATION	225 S LAKE AVE SUITE 1410 Pasadena, CA 91101	12-31-2012	10,000
MOUNT FAMILY FUND	4041 MACARTHUR BLVD SUITE 510 Newport Beach, CA 92660	12-31-2012	10,000
NATIONAL CREDITORS	14 ORCHARD SUITE 200 Lake Forest, CA 92630	12-31-2012	10,000
ROBERT NELSON	26641 LAUREL CREST DRIVE Laguna Hills, CA 92653	12-31-2012	10,000
SAMUEL TANG	P.O. BOX 4586 Mission Viejo, CA 92690	12-31-2012	10,000
WELLS FARGO FOUND	2030 MAIN ST SUITE 1100 Irvine, CA 92614	12-31-2012	7,500
S.L. GIMBEL FOUND	3700 SIXTH STREET SUITE 200 Riverside, CA 92501	12-31-2012	6,600
LISA RYDELL	42 FOLIATE WAY Ladera Ranch, CA 92694	12-31-2012	5,100
APPLIED MEDICAL RES	22872 AVENIDA EMPRESA Rancho Santa Ma, CA 92688	12-31-2012	5,000
CHRIST UNITY CHURCH	P.O. BOX 6599 Laguna Niguel, CA 92607	12-31-2012	5,000
CHIRST UNITY CHURCH	P.O. BOX 6599 Laguna Niguel, CA 92607	Laguna Nig	5,000
EDWARDS LIFESCIENCE	ONE EDWARDS WAY Irvine, CA 92614	12-31-2012	5,000

PAGE TOTAL:

189,200

Corporation Depreciation and Amortization

2012

3885

Attach to Form 100 or Form 100W. PROGRAM SERVICES - 1

Table with Corporation name (SOUTH COUNTY OUTREACH) and California corporation number (1453101).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows and 2 columns. Includes items like Maximum deduction, Total cost, Threshold cost, Reduction in limitation, and Dollar limitation.

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

Table for Part II with 15 rows and 8 columns. Includes columns for Description of property, Date acquired, Cost or other basis, Depreciation allowed, etc.

Part III Summary

Table for Part III with 3 rows. Includes Total of IRC Section 179 expense, Total depreciation claimed, and Depreciation adjustment.

Part IV Amortization

Table for Part IV with 4 rows and 7 columns. Includes columns for Description of property, Date acquired, Cost or other basis, Amortization allowed, etc.

California Depreciation & Amortization

2012

Statement #810

PG01

Part II Depreciation

Name(s) shown on return

SOUTH COUNTY OUTREACH

Identifying Number

33-0330233

(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
DONATED VEHICLE	2008-10-10	5,395		other	5	1,079	
1999 CHEVY TRUC	2010-03-12	9,577		other	5	1,915	
2002 FORD F-150	2011-05-26	8,750		other	5	1,750	
23238 ORANGE 3	1998-08-01	99,174		other	27.5	3,606	
23240 ORANGE 4	1998-08-01	68,127		other	27.5	2,477	
23254 ORANGE 1	1999-12-02	96,852		other	27.5	3,522	
21931 RIMHURST	1999-06-18	68,040		other	27.5	2,474	
28232 SORRENTO	1999-06-18	93,560		other	27.5	3,402	
23251 LA GLORIA	1999-06-18	60,750		other	27.5	2,209	
21981 RIMHURST	1999-06-18	52,650		other	27.5	1,915	
23251 LA GLORIA	2000-05-25	119,131		other	27.5	4,332	
23288 ORANGE 5	2000-05-25	75,297		other	27.5	2,738	
26144 SERANO CR	2001-01-18	132,902		other	27.5	4,833	
23220 ORANGE 1	2001-01-11	92,298		other	27.5	3,356	
23220 ORANGE 9	2001-05-11	141,359		other	27.5	5,140	
26212 SANZ B MV	2001-04-26	119,714		other	27.5	4,353	
20702 EL TORO R	2002-06-03	139,262		other	27.5	5,064	
23240 ORANGE AV	2002-05-31	174,008		other	27.5	6,328	
23301 LA GLORIA	2002-04-11	173,400		other	27.5	6,305	
26383 VIA DAMAS	2003-06-30	240,412		other	27.5	8,742	
IMPROVEMENTS-ST	2005-07-06	64,403		other	20	3,220	
FOOD PANTRY	2004-11-12	2,748		other	10	275	
PHONE SYSTEM	2009-12-09	4,405		other	5	881	
RAMP & SCALE	2009-06-24	2,344		other	5	469	
SERVER UPGRADE	2010-06-10	4,012		other	5	802	
HEAT PUMP CONDE	2010-12-21	2,000		other	5	400	
2 UNIT SWING DO	2011-04-07	5,487		other	5	1,097	
15 DONATED TOSH	2011-05-01	9,497		other	5	1,899	
DONATED COMPUTE	2009-09-03	12,936		other	5	2,587	
DONATED COMPUTE	2012-06-30	10,012		other	5	1,001	

PAGE TOTAL :

2,088,502

88,171

Name(s) as shown on return

SOUTH COUNTY OUTREACH

SSN or EIN

33-0330233

Date to file by: 05-15-2014

Form to be filed: CA 199 and supplemental forms and schedules

Refund: \$0.00

Address to file: Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0500

State Supporting Statements

2012 Page 1

Name(s) as shown on return

SSN/FEIN

SOUTH COUNTY OUTREACH

33-0330233

FORM 199, PART II, LINE 17, OTHER EXPENSES

Description	Amount
PROFESSIONAL SERVICES	\$ 64,199
RENT AND UTILITY ASSISTANCE	30,446
TRAINING AND CONSULTING	106,360
TRANSITIONAL HOUSING	106,758
IN-KIND FOOD DONATIONS	1,360,642
OTHER IN-KIND	8,925
UTILITIES	18,269
TELEPHONE	8,461
DUES AND SUBSCRIPTIONS	2,728
OFFICE SUPPLIES	10,579
ACCOUNTING AND AUDIT	13,700
EQUIPMENT LEASE	9,413
REPAIRS AND MAINTENANCE	32,232
BANK FEES	6,870
PRINTING AND POSTAGE	24,439
RECOGNITION	2,865
TRANSPORTATION	22,687
MISCELLANEOUS	726
INSURANCE	12,970
MEETING AND CONFERENCES	1,985
MARKETING	11,906
PUBLIC RELATIONS	1,699
Total:	<u>\$ 1,858,859</u>