

# 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.

**A** For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number
<input type="checkbox"/> Address change	ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE. #203 SAN DIEGO, CA 92103	33-0215585
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		619-542-1877
<input type="checkbox"/> Terminated		<b>G</b> Gross receipts \$ <u>6,631,768.</u>
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

<b>F</b> Name and address of principal officer: <u>JAN NORBY</u> <u>3737 FIFTH AVE SAN DIEGO, CA 92103</u>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>

<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
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<b>J</b> Website: <u>WWW.ALPHAPROJECT.ORG</u>	<b>H(c)</b> Group exemption number <u>4192</u>
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of Formation: <u>1987</u>	<b>M</b> State of legal domicile: <u>CA</u>
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**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY.

<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>8</u>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>8</u>
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<u>154</u>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>12</u>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0.</u>

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<u>4,334,888.</u>	<u>4,873,522.</u>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>1,681,975.</u>	<u>1,600,148.</u>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>10,337.</u>	<u>17,706.</u>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>48,606.</u>	<u>106,241.</u>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>6,075,806.</u>	<u>6,597,617.</u>

		Prior Year	Current Year
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>3,653,366.</u>	<u>3,594,949.</u>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>18,650.</u>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>2,663,983.</u>	<u>2,876,635.</u>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>6,317,349.</u>	<u>6,471,584.</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-241,543.</u>	<u>126,033.</u>

		Beginning of Current Year	End of Year
<b>20</b>	Total assets (Part X, line 16)	<u>4,388,968.</u>	<u>4,579,047.</u>
<b>21</b>	Total liabilities (Part X, line 26)	<u>1,537,435.</u>	<u>1,576,356.</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>2,851,533.</u>	<u>3,002,691.</u>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<u>ROBERT MCELROY</u>	<u>PRESIDENT</u>
	Type or print name and title.	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00085551</u>
	<u>JULIE A. FIRL</u>	<u>JULIE A. FIRL</u>			
	Firm's name <u>LEAF &amp; COLE, LLP</u>				
	Firm's address <u>2810 CAMINO DEL RIO SOUTH, SUITE 200</u>	Firm's EIN <u>95-2076568</u>			
	<u>SAN DIEGO, CA 92108-3820</u>	Phone no. <u>619.294.7200</u>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 [X] 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,588,027. including grants of \$ ) (Revenue \$ 841,507.)

REHABILITATION PROGRAM SERVICES

CASA RAPHAEL:

THE PROGRAM IS A STATE-LICENSED AND CERTIFIED RESIDENTIAL TREATMENT PROGRAM FOR MEN IN RECOVERY FROM SUBSTANCE ABUSE. THE PROGRAM PROVIDES HOUSING, FOOD, RECOVERY WORKSHOPS, CASE MANAGEMENT, MENTAL HEALTH COUNSELING, HEALTH AND WORK AND FINANCIAL ASSISTANCE.

CASA BASE:

THE STATE LICENSED PROGRAM PROVIDES A SIX-WEEK REHABILITATION PROGRAM FOR MEN WHO ARE ENTERING INTO CASA RAPHAEL, WHICH INCORPORATES JOB TRAINING, EDUCATION, AND ROOM AND BOARD AND ALL SERVICES LISTED ABOVE.

4b (Code: ) (Expenses \$ 966,090. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 729,035. including grants of \$ ) (Revenue \$ 557,811.)

SPECIAL PROJECTS

THROUGHOUT THE YEAR, ALPHA PROJECT CONTRACTS DIRECTLY WITH VARIOUS PUBLIC DEPARTMENTS AND PRIVATE ENTITIES TO PROVIDE WEED AND BRUSH ABATEMENT SERVICES AND OTHER COMMUNITY BENEFIT PROJECTS TO NEIGHBORHOODS AND RURAL AREAS THROUGHOUT SAN DIEGO COUNTY

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

(Expenses \$ 1,663,379. including grants of \$ ) (Revenue \$ 200,830.)

4e Total program service expenses 5,946,531.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		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
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2012)

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

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">26</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">154</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		X
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders.		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13 c</b>	Enter the amount of reserves on hand.		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 8 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.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 8		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	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
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . . SEE SCHEDULE O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>15 b</b>	b Other officers of key employees of the organization. . . . . SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	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	
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		X

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ JAN NORBY 3737 FIFTH AVE, STE 203 SAN DIEGO CA 92103 619-542-1877

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD LOVELACE DIRECTOR	1 0	X					0.	0.	0.	
(2) JASON RODRIGUEZ DIRECTOR	40 0	X		X			72,011.	0.	0.	
(3) BARBARA EDELSON DIRECTOR	1 0	X					0.	0.	0.	
(4) SUSAN RAFEE DIRECTOR	1 0	X					0.	0.	0.	
(5) DAVID ARMSTRONG CHAIRMAN	1 0	X		X			0.	0.	0.	
(6) KATIE WADDELL DIRECTOR	1 0	X					0.	0.	0.	
(7) CINDY LEHMAN SECRETARY	1 0	X		X			0.	0.	0.	
(8) JACQUELINE L. GREULICH DIRECTOR	1 0	X					0.	0.	0.	
(9) ROBERT MCELROY PRESIDENT	40 0			X			142,441.	0.	0.	
(10) JAN NORBY CFO	40 0			X			107,340.	0.	0.	
(11) AMY GONYEAU COO	40 0			X			112,009.	0.	0.	
(12)										
(13)										
(14)										

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

(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						433,801.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						433,801.	0.	0.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		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 in compensation from the organization ▶ 0



**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 3,452,856.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 1,420,666.				
	<b>g</b> Noncash contributions included in Ins 1a-1f: \$	445,426.				
<b>h Total.</b> Add lines 1a-1f .....	▶	4,873,522.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> <u>JOB PROGRAM REVENUES</u> .....	561300	1,330,169.	1,330,169.		
	<b>b</b> <u>HAWKER PROGRAM REVENUES</u> .....	561000	134,023.	134,023.		
	<b>c</b> <u>RENTS</u> .....	532000	103,988.	103,988.		
	<b>d</b> <u>MISC PROGRAM REVENUES</u> .....	561000	30,594.	30,594.		
	<b>e</b> <u>DEVELOPER FEE</u> .....	531390	1,374.	1,374.		
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....	▶	1,600,148.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		9,293.		9,293.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	8,413.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....	8,413.			
	<b>d</b> Net gain or (loss) .....	▶	8,413.	8,413.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	96,398.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	34,151.		
<b>c</b> Net income or (loss) from fundraising events .....		▶	62,247.		62,247.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>MISCELLANEOUS INCOME</u> .....	561000	43,994.	43,994.			
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶	43,994.				
<b>12 Total revenue.</b> See instructions .....	▶	6,597,617.	1,652,555.	0.	71,540.	

**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  X

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	424,650.	398,349.	22,641.	3,660.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,443,605.	2,340,601.	100,386.	2,618.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	457,977.	417,701.	39,432.	844.
10 Payroll taxes	268,717.	256,603.	11,526.	588.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	78,855.	34,028.	44,827.	
12 Advertising and promotion	54,592.	1,662.	42,344.	10,586.
13 Office expenses	33,004.	32,081.	923.	
14 Information technology				
15 Royalties				
16 Occupancy	28,116.	24,593.	3,523.	
17 Travel	10,315.	5,331.	4,984.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,633.	2,360.	24,273.	
20 Interest	42,286.	39,440.	2,846.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194,086.	164,580.	29,506.	
23 Insurance	90,922.	76,955.	13,967.	
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 <u>FOOD</u>	514,026.	514,026.		
b <u>IN-KIND EXPENSES</u>	445,428.	423,237.	22,191.	
c <u>EQUIPMENT RENTAL</u>	228,676.	205,774.	22,902.	
d <u>SUPPLIES</u>	207,294.	179,849.	27,445.	
e All other expenses. SEE SCH. O	922,402.	829,361.	92,687.	354.
25 Total functional expenses. Add lines 1 through 24e	6,471,584.	5,946,531.	506,403.	18,650.
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) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash – non-interest-bearing.....	1,817,804.	<b>1</b>	1,541,809.
	<b>2</b> Savings and temporary cash investments.....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net.....	458,729.	<b>3</b>	948,438.
	<b>4</b> Accounts receivable, net.....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	43,178.	<b>9</b>	17,020.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 3,340,662.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 1,531,515.	1,832,283.	<b>10c</b> 1,809,147.
	<b>11</b> Investments – publicly traded securities.....	183,641.	<b>11</b>	209,183.
	<b>12</b> Investments – other securities. See Part IV, line 11.....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....	3,828.	<b>14</b>	1,366.
	<b>15</b> Other assets. See Part IV, line 11.....	49,505.	<b>15</b>	52,084.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	4,388,968.	<b>16</b>	4,579,047.	
LIABILITIES	<b>17</b> Accounts payable and accrued expenses.....	257,278.	<b>17</b>	333,441.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> 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.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....	1,221,291.	<b>23</b>	1,116,375.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	40,059.
	<b>25</b> 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.....	58,866.	<b>25</b>	86,481.
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	1,537,435.	<b>26</b>	1,576,356.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	2,801,533.	<b>27</b>	2,952,691.
	<b>28</b> Temporarily restricted net assets.....		<b>28</b>	
	<b>29</b> Permanently restricted net assets.....	50,000.	<b>29</b>	50,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
	<b>33</b> Total net assets or fund balances.....	2,851,533.	<b>33</b>	3,002,691.
<b>34</b> Total liabilities and net assets/fund balances.....	4,388,968.	<b>34</b>	4,579,047.	

BAA

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,597,617.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,471,584.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	126,033.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,851,533.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	25,125.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,002,691.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>2 c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</b>	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>3 b</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	

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> ALPHA PROJECT FOR THE HOMELESS	<b>Employer identification number</b> 33-0215585
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – 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 is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,360,984.	3,875,580.	4,316,224.	4,334,888.	4,873,522.	20,761,198.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	3,360,984.	3,875,580.	4,316,224.	4,334,888.	4,873,522.	20,761,198.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						20,761,198.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	3,360,984.	3,875,580.	4,316,224.	4,334,888.	4,873,522.	20,761,198.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	24,892.	12,049.	21,506.	10,337.	9,293.	78,077.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	792.	48,170.	77,026.	18,467.	62,247.	206,702.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	18,554.	57,412.	5,420.	30,139.	43,994.	155,519.
11 <b>Total support.</b> Add lines 7 through 10.						21,201,496.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	97.92 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	98.38 %
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
6 <b>Total.</b> 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 that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lns 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**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
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. . . . . ▶

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.



**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
MISCELLANEOUS INCOME	\$ 43,994.	\$ 30,139.	\$ 5,420.	\$ 57,412.	\$ 18,554.
TOTAL	<u>\$ 43,994.</u>	<u>\$ 30,139.</u>	<u>\$ 5,420.</u>	<u>\$ 57,412.</u>	<u>\$ 18,554.</u>

**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**

ALPHA PROJECT FOR THE HOMELESS

**Employer identification number**

33-0215585

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

**or 990-PF.**

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
--	--

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATH - CDBG AND ESG CONNECTIONS 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 336,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MENTAL HEALTH SYSTEMS 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 216,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CRISIS HOUSE 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 131,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COUNTY OF SAN DIEGO 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 369,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HUD - CASA 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 159,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AB 109 FUNDING 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 1,095,110.	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 <b>ALPHA PROJECT FOR THE HOMELESS</b>	Employer identification number <b>33-0215585</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAN DIEGO HOUSING COMMISSION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 1,211,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ART & LORI BARTER ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 100,000.	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.)
-----	----- ----- ----- -----	\$ -----	Person <input 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.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

Name of organization: ALPHA PROJECT FOR THE HOMELESS  
 Employer identification number: 33-0215585

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$ N/A Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

2 a 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.  Yes  No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	48,316.	49,825.	42,131.	38,167.	0.
b Contributions					
c Net investment earnings, gains, and losses	4,781.	-42.	9,064.	4,885.	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,202.	1,467.	1,370.	921.	
f Administrative expenses					
g End of year balance	50,895.	48,316.	49,825.	42,131.	0.

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%.

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

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

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

**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
1 a Land		992,592.		992,592.
b Buildings		1,170,763.	655,163.	515,600.
c Leasehold improvements				
d Equipment		929,864.	670,063.	259,801.
e Other		247,443.	206,289.	41,154.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  1,809,147.

BAA



**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST	55,938.
(3) CLIENT TRUST	30,543.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	86,481.

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. SEE PART XIII

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements		1 6,656,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a 25,125.	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d 34,151.	
	e Add lines 2a through 2d		2e 59,276.
3	Subtract line 2e from line 1		3 6,597,617.
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 6,597,617.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements		1 6,505,735.
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.) SEE PART XIII	2d 34,151.	
	e Add lines 2a through 2d		2e 34,151.
3	Subtract line 2e from line 1		3 6,471,584.
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 6,471,584.

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

THE ENDOWMENT FUNDS ARE HELD BY SAN DIEGO FOUNDATION. THE SPENDING POLICY IS TO DISBURSE 5% ANNUALLY, BASED UPON ENDOWMENT PRINCIPAL MARKET VALUE OVER THE LAST 36 MONTHS. THESE CALCULATIONS ARE MADE ON A MONTHLY BASIS. IF THE MARKET VALUE OF THE ENDOWMENT PRINCIPAL OF ANY FUND, AT THE END OF EACH MONTH, IS LESS THAN THE INITIAL VALUE OF ALL CONTRIBUTIONS MADE TO THE ENDOWMENT PRINCIPAL, THEN DISTRIBUTIONS WILL BE LIMITED TO INTEREST AND DIVIDENDS RECEIVED.

**Part XIII** Supplemental Information (continued)

**PART X - FIN 48 FOOTNOTE**

ALPHA PROJECT'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED  
JUNE 30, 2012, 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL  
REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THE THREE TO FOUR YEARS  
AFTER THE RETURNS WERE FILED.

2012

**SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4**

CLIENT 97167

ALPHA PROJECT FOR THE HOMELESS

33-0215585

11/18/13

05:02PM

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

SPECIAL EVENT EXPENSE.....	\$	34,151.
TOTAL	\$	<u>34,151.</u>

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

SPECIAL EVENT EXPENSE.....	\$	34,151.
TOTAL	\$	<u>34,151.</u>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

**Part I**

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |  |
|--|--|
| a <input type="checkbox"/> Mail solicitations                          | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations                         | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	FUNDRAISER (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	96,398.		96,398.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	96,398.		96,398.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	34,151.		34,151.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			34,151.
11	Net income summary. Combine line 3, column (d), and line 10			62,247.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	<b>13 a</b>	%
b An outside facility	<b>13 b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization <b>ALPHA PROJECT FOR THE HOMELESS</b>	Employer identification number <b>33-0215585</b>
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<b>Part I</b>	<b>Types of Property</b>			
	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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		223,208.	FMV
6	Cars and other vehicles			
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	24	222,218.	FMV
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ▶ ( _____ )			
26	Other ▶ ( _____ )			
27	Other ▶ ( _____ )			
28	Other ▶ ( _____ )			

<b>29</b> 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	<b>29</b>
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	Yes	No
<b>30a</b> 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>b</b> If 'Yes,' describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
<b>b</b> If 'Yes,' describe in Part II.		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2012



**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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

OMB No. 1545-0047

**2012**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

ALPHA PROJECT FOR THE HOMELESS ("ALPHA PROJECT") WAS ORGANIZED IN FEBRUARY 1987 UNDER

THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW FOR PUBLIC AND CHARITABLE PURPOSES.

THE MISSION OF ALPHA PROJECT IS TO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES BY

PROVIDING WORK, RECOVERY AND SUPPORT SERVICES TO PEOPLE WHO ARE MOTIVATED TO CHANGE

THEIR LIVES AND ACHIEVE SELF-SUFFICIENCY. ALPHA PROJECT'S MANY PROGRAMS ARE

AVAILABLE TO ALL PERSONS IN NEED REGARDLESS OF RACE, CREED, COLOR, ETHNICITY,

NATIONAL ORIGIN, RELIGION, GENDER, OR SEXUAL ORIENTATION.

ALPHA PROJECT STRIVES NOT TO MANAGE HOMELESSNESS, BUT RATHER TO END IT FOR ITS

CLIENTS. THE AGENCY'S PROGRAMS DO NOT AIM AT MAKING HOMELESSNESS EASIER, OR LESS

COSTLY, OR MORE TOLERABLE. ALPHA PROJECT BREAKS THE CYCLE OF HOMELESSNESS AND

PROVIDES AN ALTERNATE DIRECTION FOR ITS CLIENTS OUT OF HOPELESSNESS AND DESPAIR, AND

INTO A LIFE OF RESPONSIBILITY AND DIGNITY.

EACH PROGRAM OFFERED BY THE ALPHA PROJECT FOCUSES ON ASSISTING PARTICIPANTS TO

ATTAIN THEIR OWN OPTIMAL LEVEL OF INDEPENDENCE. FOR MOST OF THE PROGRAM

PARTICIPANTS, SUCCESSFUL COMPLETION OF THE PROGRAMS WILL MEAN COMPLETE AND PERMANENT

INDEPENDENCE THROUGH EDUCATION, EMPLOYMENT, SOBRIETY, AND STABILITY. FOR THOSE

CLIENTS WITH SPECIAL NEEDS, THE PROGRAMS MAXIMIZE THEIR OWN POTENTIAL AND SUPPORT AS

MUCH INDEPENDENCE AS POSSIBLE. ALL OF THE CLIENTS, REGARDLESS OF THEIR HISTORY, ARE

ENCOURAGED, SUPPORTED, AND ASSISTED IN REACHING THEIR MAXIMUM POTENTIAL WITH DIGNITY

AND RESPECT.

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS****WINTER SHELTER**

THE PROGRAM PRIMARILY PROVIDES SHELTER FOR PARTICIPANTS FROM THE ELEMENTS DURING THE WINTER MONTHS OF MID-NOVEMBER THROUGH MARCH, AND PROVIDES SHELTER AND SERVICES TO OVER 1,000 MEN AND WOMEN. ALTHOUGH THE PRIMARY FOCUS OF THE WINTER SHELTER PROGRAM IS TO SHELTER PARTICIPANTS FROM THE ELEMENTS DURING THE COLDEST AND WETTEST PERIOD OF THE YEAR, THE PROGRAM ALSO OFFERS A COMPREHENSIVE BLEND OF SERVICES TO ASSIST PARTICIPANTS TO ESTABLISH THEIR OWN SELF-SUFFICIENCY. MORE THAN 20 DIFFERENT PARTNER ORGANIZATIONS, INCLUDING PRIVATE AGENCIES, GOVERNMENT DEPARTMENTS, CIVIC ORGANIZATIONS AND RELIGIOUS GROUPS, WORK CLOSELY WITH ALPHA PROJECT STAFF TO DELIVER BASIC SERVICES. SERVICES OFFERED AT THE WINTER SHELTER INCLUDE PROVIDING MEALS AND PERSONAL HYGIENE SUPPLIES, CASE MANAGEMENT, MEDICAL AND COUNSELING SERVICES, EMPLOYMENT ASSISTANCE AND HOUSING ASSISTANCE.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION****NEIL GOOD DAY CENTER**

THE NEIL GOOD DAY CENTER, IN CONJUNCTION WITH PARTNERING AGENCIES, OFFERS CASE MANAGEMENT, MEDICAL AND COUNSELING SERVICES, LEGAL ASSISTANCE, ASSISTANCE WITH OBTAINING BENEFITS SUCH AS SSI, VETERAN SERVICES, SHOWERS, LAUNDRY, FREE STORAGE, A COMPUTER LAB, MAIL AND MESSAGE SERVICES AND A SAFE ENVIRONMENT FOR HOMELESS INDIVIDUALS DURING THE DAY.

**CONNECTIONS INTERIM HOUSING**

ALPHA PROJECT'S NEWEST PROGRAM, STARTED IN JANUARY 2013, CONSISTS OF 150-INTERIM HOUSING BEDS LOCATED AT CONNECTIONS HOUSING AT 1250 6TH AVE IN DOWNTOWN SAN DIEGO. CONNECTIONS HOUSING IS A PARTNERSHIP BETWEEN ALPHA PROJECT, PATH, FAMILY HEALTH CENTERS AND AFFIRMED HOUSING, OFFERING INTEGRATED SERVICES AND A RESIDENTIAL COMMUNITY IN ORDER TO REDUCE STREET HOMELESSNESS IN THE DOWNTOWN AREA. VIRTUALLY

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

EVERY RESOURCE AN INDIVIDUAL NEEDS TO BREAK THE CYCLE OF HOMELESSNESS WILL BE AVAILABLE ON-SITE AT THIS FACILITY, INCLUDING A ONE-STOP SOCIAL SERVICE CENTER AND A COMMUNITY HEALTH CLINIC.

ALPHA PROJECT'S INTERIM HOUSING PROGRAM WILL BE AVAILABLE TO HOMELESS MEN AND WOMEN LIVING ON THE STREETS OF DOWNTOWN SAN DIEGO AND WILL TARGET THE CHRONICALLY HOMELESS POPULATION. THE MOST PREVALENT SPECIAL NEEDS AMONG THE TARGET POPULATION ARE MENTAL ILLNESS AND SUBSTANCE ABUSE AND DEPENDENCY DISORDERS. OTHER SPECIAL NEEDS AMONG THOSE SERVED WILL INCLUDE HISTORIES OF DOMESTIC VIOLENCE AND ABUSE, OLD AGE, PHYSICAL DISABILITY AND CHRONIC ILLNESS.

ALPHA PROJECT WILL BE THE PRIMARY FOOD PROVIDER AT CONNECTION HOUSING, AND WILL PROVIDE A WORK TRAINING PROGRAM THROUGH OUR CATERING DEPARTMENT FOR CLIENTS ENROLLED IN THE INTERIM HOUSING PROGRAM. THE KITCHEN WILL USE TRAINEES TO PREPARE DAILY MEALS SERVED AT CONNECTIONS HOUSING AS WELL AS SPECIAL PROJECTS WHERE THEY WILL PREPARE, DELIVER AND SERVE MEALS TO LOCAL COMMUNITY AND CIVIC ORGANIZATIONS, CORPORATE EVENTS AND PRIVATE FUNCTIONS THROUGHOUT SAN DIEGO COUNTY.

**ALPHA HOUSE**

ALPHA HOUSE IS DESIGNED TO PROVIDE SOBER LIVING AND TRANSITIONAL HOUSING TO THOSE NEEDING SAFE, CLEAN AND AFFORDABLE HOUSING WHILE TRANSITIONING BACK INTO THE WORKFORCE THROUGH PARTICIPATION IN ALPHA PROJECT'S SPECIAL PROJECTS WORKER PROGRAM.

**TRANSPORTATION SERVICES**

ALPHA PROJECT'S SENIOR TRANSPORTATION PROGRAM PROVIDES FREE, NON-EMERGENCY TRANSPORTATION TO LOW-INCOME SENIORS. DESTINATIONS INCLUDE BY ARE NOT LIMITED TO

Name of the organization

ALPHA PROJECT FOR THE HOMELESS

Employer identification number

33-0215585

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

GROCERY SHOPPING, MEDICAL APPOINTMENTS, BANKING INSTITUTIONS, SENIOR CENTERS AND VARIOUS OTHER LOCATIONS. TRANSPORTATION IS PROVIDED BOTH IN THE NORTH COUNTY AND THE CITY OF SAN DIEGO

**OUTREACH**

AT THE CORE OF ALL OF ALPHA PROJECT'S FACILITIES AND SERVICES IS A PROGRAM OF COMMUNITY OUTREACH, DESIGNED NOT ONLY TO ASSIST THOSE IN NEED IN ACCESSING NEEDED SERVICES, BUT ALSO TO ASSIST THE SURROUNDING NEIGHBORHOOD IN ADDRESSING HOMELESS-RELATED ISSUES. OUTREACH WORKERS ARE TRAINED IN CRISIS RESPONSE AND DE-ESCALATION, WITH ACCESS TO TRANSPORTATION AND A WEALTH OF REFERRAL SOURCES TO HELP THOSE IN NEED CONNECT WITH SOURCES OF SUPPORT.

OUTREACH SERVICES COMBINE SAFE, QUALITY, AFFORDABLE HOUSING WITH SENSITIVE, PROFESSIONAL PROPERTY MANAGEMENT AND SUPPORT SERVICES. THE PROGRAM PROVIDES RENTAL ASSISTANCE FOR RESIDENTS WITH SPECIAL NEEDS IN DOWNTOWN SAN DIEGO. RENTS ARE RESTRICTED IN ALL UNITS TO MAKE THEM AFFORDABLE TO PERSONS WHO LIVE ON FIXED INCOMES.

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

THE DRAFT FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS.

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

IN CASE OF A CONFLICT OF INTEREST ISSUE, THE BOARD WOULD REVIEW THE SITUATION.

THERE HAVE BEEN NO KNOWN CONFLICTS OF INTEREST FOR THE YEAR ENDED JUNE 30, 2013.

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

COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE PRESIDENT OF THE ORGANIZATION.

COMPENSATIONS OF KEY EMPLOYEES ARE APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

Name of the organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.

CLIENT 97167

ALPHA PROJECT FOR THE HOMELESS

33-0215585

11/18/13

05:02PM

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO AND TRUCK	46,984.	39,483.	7,501.	
BANK FEES	4,000.	130.	3,870.	
BOOKS	5,031.	5,031.		
BUS TOKENS	398.	398.		
CLIENT ASSISTANCE	8,199.	8,124.	75.	
CONTRACT SERVICES	53,373.	53,373.		
COST OF NEWSPAPERS	43,063.	43,063.		
DRUG TESTING AND TREATMENT	10,350.	10,350.		
DUES AND SUBSCRIPTIONS	9,637.	6,586.	3,051.	
GASOLINE	188,785.	169,762.	19,023.	
LICENSES AND FEES	40,052.	36,640.	3,412.	
MEDICAL EXPENSES	37,430.	5,716.	31,714.	
MISCELLANEOUS	13,409.	7,255.	6,154.	
PARKING	15,076.	13,675.	1,401.	
POSTAGE AND SHIPPING	5,690.	1,966.	3,724.	
PROPERTY TAXES	47,102.	47,102.		
REPAIRS & MAINTENANCE	38,102.	34,926.	3,176.	
STIPENDS	76,931.	76,880.	51.	
TECHNOLOGY	25,977.	24,821.	1,156.	
TELEPHONE	71,945.	64,873.	6,718.	354.
TRAINING	4,439.	2,903.	1,536.	
TRASH	32,700.	32,700.		
UNIFORMS	17,173.	17,143.	30.	
UTILITIES	120,859.	120,764.	95.	
VENDING MACHINE	5,697.	5,697.		
<b>TOTAL</b>	<b>\$ 922,402.</b>	<b>\$ 829,361.</b>	<b>\$ 92,687.</b>	<b>\$ 354.</b>

**Depreciation and Amortization  
(Including Information on Listed Property)**

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

Name(s) shown on return

ALPHA PROJECT FOR THE HOMELESS

Identifying number

33-0215585

Business or activity to which this form relates

FORM 990/990-PF

**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 <b>smaller</b> 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 instrs) ..	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	191,624.

**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
19 a 3-year property .....						
b 5-year property .....						
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	
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**

20 a 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	191,624.
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	



**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24 a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If 'Yes,' is the evidence written? . . . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2012 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2012 tax year . . . . .				<b>43</b>	2,462.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report. . . . .				<b>44</b>	2,462.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ALPHA PROJECT FOR THE HOMELESS</b>	Employer identification number (EIN) or <b>33-0215585</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>3737 FIFTH AVE. #203</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92103</b>	

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

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

● The books are in the care of ▶ JAN NORBY -----

Telephone No. ▶ 619-542-1877 ----- FAX No. ▶ -----

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 12, and ending 6/30, 20 13.

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

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

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

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month 07 day 01 year 2012, and ending month 06 day 30 year 2013

Corporation/Organization Name: **ALPHA PROJECT FOR THE HOMELESS**  
 Address (suite, room, or PMB no.): **3737 FIFTH AVE. #203**  
 City: **SAN DIEGO** State: **CA** ZIP Code: **92103**  
 California corporation number: **C-1550786**  
 FEIN: **33-0215585**

**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's the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
 If 'Yes,' explain, and attach copies of revised documents.

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

CACA1112L 10/11/12

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	1,758,246.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. .B.	3	4,873,522.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B...	4	6,631,768.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	6,631,768.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	6,505,735.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	126,033.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total payments.	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.
<b>Sign Here</b>	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	Title <b>PRESIDENT</b>	Date	Telephone 619-542-1877
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>JULIE A. FIRL</b>	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN P00085551
	Firm's name (or yours, if self-employed) and address	<b>LEAF &amp; COLE, LLP</b> <b>2810 CAMINO DEL RIO SOUTH, SUITE 200</b> <b>SAN DIEGO, CA 92108-3820</b>		FEIN 95-2076568
	Telephone 619.294.7200			
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	9,293.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	8,413.
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	●	7	1,740,540.
<b>Expenses and Disbursements</b>	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,758,246.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11	424,650.
	12	Other salaries and wages	●	12	2,443,605.
	13	Interest	●	13	42,286.
	14	Taxes	●	14	268,717.
	15	Rents	●	15	28,116.
	16	Depreciation and depletion (See instructions)	●	16	191,624.
	17	Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 2</b>	●	17	3,106,737.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	6,505,735.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
1	Cash		1,817,804.	●	1,541,809.
2	Net accounts receivable		458,729.	●	948,438.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock <b>STMT 3</b>		183,641.	●	209,183.
8	Mortgage loans			●	
9	Other investments Attach schedule. <b>ST 4</b>		48,316.	●	50,895.
10 a	Depreciable assets	2,931,462.		2,348,070.	
b	Less accumulated depreciation	2,091,771.	839,691.	1,531,515.	816,555.
11	Land		992,592.	●	992,592.
12	Other assets. Attach schedule. <b>STM 5</b>		48,195.	●	19,575.
13	<b>Total assets</b>		4,388,968.		4,579,047.
<b>Liabilities and net worth</b>					
14	Accounts payable		257,278.	●	333,441.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable <b>ST 6</b>		268,953.	●	271,189.
17	Mortgages payable		952,338.	●	885,245.
18	Other liabilities. Attach schedule. <b>STM 7</b>		58,866.		86,481.
19	Capital stock or principle fund		2,851,533.	●	3,002,691.
20	Paid-in or capital surplus. Attach reconciliation.			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		4,388,968.		4,579,047.

**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	●	151,158.	7	Income recorded on books this year not included in this return. Attach sch. <b>SEE ST 8</b>	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	25,125.
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		25,125.
4	Income not recorded on books this year. Attach schedule.	●		10	Net income per return. Subtract line 9 from line 6.		126,033.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	<b>Total.</b> Add line 1 through line 5.		151,158.				

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

<b>Name of the organization</b> ALPHA PROJECT FOR THE HOMELESS	<b>Employer identification number</b> 33-0215585
---	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
--	--

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATH - CDBG AND ESG CONNECTIONS 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 336,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF SAN DIEGO 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 13,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF CALIF DEPT OF TRANSPORT 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 74,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE PARKER FOUNDATION 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 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	LAS PATRONES 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 48,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MENTAL HEALTH SYSTEMS 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 216,540.	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 ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
--	--

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FAMILY HEALTH CENTERS OF SD 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 34,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CRISIS HOUSE 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 131,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COUNTY OF SAN DIEGO 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 369,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	HUD - CASA 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 159,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	AB 109 FUNDING 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 1,095,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CASTER FAMILY FOUNDATION 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UNITED WAY OF SAN DIEGO ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 34,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
14	FACT ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 7,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
15	PRICE CHARITIES ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
16	ROYAL PROPERTY MANAGEMENT ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 53,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
17	LYNN MUTO ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 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	JP MARTIN FOUNDATION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 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 ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TURK FAMILY FOUNDATION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	MACALISTER INSTITUTE ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 31,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	SAN DIEGO HOUSING COMMISSION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 1,211,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	BANK OF AMERICA ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	HD SUPPLY ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	ART & LORI BARTER ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CLAUDE BLACKBURN ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
26	GILBERT J. MARTIN FOUNDATION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
27	KLICK FOUNDATION ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
28	KEVIN & LEANN MCCARTHY ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
29	SAN DIEGO GAS & ELECTRIC ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
30	RUSSELL OSTERHOUT ----- 3737 FIFTH AVENUE ----- SAN DIEGO, CA 92103 -----	\$ 26,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization ALPHA PROJECT FOR THE HOMELESS	Employer identification number 33-0215585
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SHARON & JOHN BUDDIG 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	COMBINED RESOURCES INTERNATIONAL 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	NORDSON CORPORATION FOUNDATION 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	LAUREN SCHMITZ 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	SANGHAM FOUNDATION 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	UNITED WAY OF AMERICA 3737 FIFTH AVENUE SAN DIEGO, CA 92103	\$ 40,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ALPHA PROJECT FOR THE HOMELESS

33-0215585

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

Name of organization: ALPHA PROJECT FOR THE HOMELESS  
 Employer identification number: 33-0215585

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2012 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Calendar year corporations – File and Pay by March 15, 2013**  
**Fiscal year filers – See instructions**  
**Employees' trust and IRA – File and Pay by April 15, 2013**  
**Calendar year exempt organizations – File and Pay by May 15, 2013**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM ----- DETACH HERE -----  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2012** **Payment for Automatic Extension for Corps and Exempt Orgs** CALIFORNIA FORM **3539 (CORP)**

0000000 ALPH 33-0215585 12 FORM 3  
TYB 07-01-12 TYE 06-30-13  
ALPHA PROJECT FOR THE HOMELESS  
JAN NORBY  
3737 FIFTH AVE STE 203  
SAN DIEGO CA 92103

619-542-1877

TOTAL PAYMENT AMT 10.

**2012 Corporation Depreciation and Amortization**

**3885**

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

Corporation name <b>ALPHA PROJECT FOR THE HOMELESS</b>	California corporation number <b>C-1550786</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost															
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>																
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>																
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>																
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>																
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>																
13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12.....	<b>13</b>																

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

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	LAND	VARIOUS	992,592.			0			
	BUILDINGS & IMPR	VARIOUS	1,170,763.	609,820.	S/L	39	45,343.		
	FURNITURE & FIXT	VARIOUS	247,443.	193,340.	S/L	7	12,949.		
	VEHICLES	VARIOUS	929,864.	536,731.	S/L	7	133,332.		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>	191,624.	

**Part III Summary**

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

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
	LOAN FEES	VARIOUS	12,059.	8,511.		5	2,462.	
20	Total. Add the amounts in column (g).....						<b>20</b>	2,462.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>	

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

INCOME FROM SPECIAL EVENTS.....	\$	96,398.
MISCELLANEOUS INCOME.....		43,994.
PROGRAM SERVICE REVENUE.....		1,600,148.
	TOTAL \$	<u>1,740,540.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	54,592.
AMORTIZATION.....		2,462.
AUTO AND TRUCK.....		46,984.
BANK FEES.....		4,000.
BOOKS.....		5,031.
BUS TOKENS.....		398.
CLIENT ASSISTANCE.....		8,199.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		26,633.
CONTRACT SERVICES.....		53,373.
COST OF NEWSPAPERS.....		43,063.
DRUG TESTING AND TREATMENT.....		10,350.
DUES AND SUBSCRIPTIONS.....		9,637.
EQUIPMENT RENTAL.....		228,676.
FOOD.....		514,026.
GASOLINE.....		188,785.
IN-KIND EXPENSES.....		445,428.
INSURANCE.....		90,922.
LICENSES AND FEES.....		40,052.
MEDICAL EXPENSES.....		37,430.
MISCELLANEOUS.....		13,409.
OFFICE EXPENSES.....		33,004.
OTHER EMPLOYEE BENEFIT.....		457,977.
OTHER FEES.....		78,855.
PARKING.....		15,076.
POSTAGE AND SHIPPING.....		5,690.
PROPERTY TAXES.....		47,102.
REPAIRS & MAINTENANCE.....		38,102.
SPECIAL EVENT EXPENSES.....		34,151.
STIPENDS.....		76,931.
SUPPLIES.....		207,294.
TECHNOLOGY.....		25,977.
TELEPHONE.....		71,945.
TRAINING.....		4,439.
TRASH.....		32,700.
TRAVEL.....		10,315.
UNIFORMS.....		17,173.
UTILITIES.....		120,859.
VENDING MACHINE.....		5,697.
	TOTAL \$	<u>3,106,737.</u>



**STATEMENT 3  
FORM 199, SCHEDULE L, LINE 7  
INVESTMENTS IN STOCKS**

UBS FINANCIAL SERVICES.....	\$ 209,183.
TOTAL	<u>\$ 209,183.</u>

**STATEMENT 4  
FORM 199, SCHEDULE L, LINE 9  
OTHER INVESTMENTS**

SAN DIEGO FOUNDATION.....	\$ 50,895.
TOTAL	<u>\$ 50,895.</u>

**STATEMENT 5  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS**

DEPOSITS.....	1,189.
NET INTANGIBLE ASSETS.....	1,366.
PREPAID EXPENSES AND DEFERRED CHARGES.....	17,020.
TOTAL	<u>\$ 19,575.</u>

**STATEMENT 6  
FORM 199, SCHEDULE L, LINE 16  
BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE	BALANCE DUE
---------------------	-------------

LENDER'S NAME:	CDC OF THE CITY OF VISTA	
DATE OF NOTE:	7/31/1998	
MATURITY DATE:	8/01/2053	
REPAYMENT TERMS:	LUMP SUM AT END	
INTEREST RATE:	3	
SECURITY PROVIDED:	REAL PROPERTY	
PURPOSE OF LOAN:	PURCHASE PROPERTY	
ORIGINAL AMOUNT:	125,000.	
BALANCE DUE:		125,000.

LENDER'S NAME:	ALLY BANK	
DATE OF NOTE:	9/14/2010	
MATURITY DATE:	11/01/2009	
REPAYMENT TERMS:	PAYABLE AT \$888 / MO	
PURPOSE OF LOAN:	VEHICLE PURCHASE	
DESC. OF CONSIDERATION:	VEHICLE	
ORIGINAL AMOUNT:	53,302.	
BALANCE DUE:		23,986.

LENDER'S NAME:	CALIFORNIA BANK & TRUST
DATE OF NOTE:	6/08/2011
REPAYMENT TERMS:	PAYABLE AT \$578 / MO

CLIENT 97167

ALPHA PROJECT FOR THE HOMELESS

33-0215585

11/18/13

05:02PM

**STATEMENT 6 (CONTINUED)**  
**FORM 199, SCHEDULE L, LINE 16**  
**BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE BALANCE DUE

INTEREST RATE: 4.46  
 PURPOSE OF LOAN: VEHICLE PURCHASE  
 DESC. OF CONSIDERATION: VEHICLE  
 ORIGINAL AMOUNT: 29,296.  
 BALANCE DUE: 14,680.

LENDER'S NAME: CALIFORNIA BANK & TRUST  
 MATURITY DATE: 3/08/2016  
 REPAYMENT TERMS: PAYABLE AT \$663/MO  
 INTEREST RATE: 4.25  
 PURPOSE OF LOAN: PURCHASE VEHICLE  
 DESC. OF CONSIDERATION: VEHICLE  
 ORIGINAL AMOUNT: 29,166.  
 BALANCE DUE: 19,994.

LENDER'S NAME: CALIFORNIA BANK & TRUST  
 MATURITY DATE: 11/30/2012  
 REPAYMENT TERMS: PAYABLE AT \$575/MO  
 INTEREST RATE: 7  
 PURPOSE OF LOAN: PURCHASE OF VEHICLE  
 DESC. OF CONSIDERATION: CHEVY TRUCK  
 ORIGINAL AMOUNT: 23,952.  
 BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
 MATURITY DATE: 12/31/2012  
 REPAYMENT TERMS: PAYABLE AT \$554/MO  
 INTEREST RATE: 7  
 PURPOSE OF LOAN: PURCHASE OF VEHICLE  
 DESC. OF CONSIDERATION: 2004 MITSUBISHI TRUCK  
 ORIGINAL AMOUNT: 23,079.  
 BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
 MATURITY DATE: 12/31/2012  
 REPAYMENT TERMS: PAYABLE AT \$554/MO  
 INTEREST RATE: 7  
 PURPOSE OF LOAN: PURCHASE OF VEHICLE  
 DESC. OF CONSIDERATION: VEHICLE  
 ORIGINAL AMOUNT: 24,648.  
 BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
 MATURITY DATE: 1/31/2013  
 REPAYMENT TERMS: PAYABLE AT \$586/MO  
 INTEREST RATE: 7  
 PURPOSE OF LOAN: PURCHASE OF VEHICLE  
 DESC. OF CONSIDERATION: 2009 FORD E150  
 ORIGINAL AMOUNT: 24,429.

11/18/13

05:02PM

**STATEMENT 6 (CONTINUED)  
FORM 199, SCHEDULE L, LINE 16  
BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE BALANCE DUE

BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
MATURITY DATE: 1/31/2013  
REPAYMENT TERMS: PAYABLE AT \$600/MO  
INTEREST RATE: 7  
PURPOSE OF LOAN: PURCHASE OF VEHICLE  
DESC. OF CONSIDERATION: VEHICLE  
ORIGINAL AMOUNT: 24,990.  
BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
MATURITY DATE: 3/31/2013  
REPAYMENT TERMS: PAYABLE AT \$592/MO  
INTEREST RATE: 7  
PURPOSE OF LOAN: PURCHASE OF VEHICLE  
DESC. OF CONSIDERATION: 2009 CHEVY G10 VAN  
ORIGINAL AMOUNT: 24,663.  
BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
MATURITY DATE: 4/30/2013  
REPAYMENT TERMS: PAYABLE AT \$461/MO  
INTEREST RATE: 7  
PURPOSE OF LOAN: PURCHASE OF DUMP TRUCK  
DESC. OF CONSIDERATION: INTER DUMP TRUCK  
ORIGINAL AMOUNT: 19,200.  
BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
MATURITY DATE: 5/31/2013  
REPAYMENT TERMS: PAYABLE AT \$607/MO  
INTEREST RATE: 7  
PURPOSE OF LOAN: PURCHASE OF VEHICLE  
DESC. OF CONSIDERATION: 2009 CHEVY G10 VAN  
ORIGINAL AMOUNT: 25,307.  
BALANCE DUE:

LENDER'S NAME: CALIFORNIA BANK & TRUST  
MATURITY DATE: 3/18/2016  
REPAYMENT TERMS: PAYABLE AT \$663/MO  
INTEREST RATE: 4.25  
PURPOSE OF LOAN: PURCHASE OF VEHICLE  
DESC. OF CONSIDERATION: TRUCK  
ORIGINAL AMOUNT: 29,166.  
BALANCE DUE:

19,994.

LENDER'S NAME: ALLY BANK

**STATEMENT 6 (CONTINUED)**  
**FORM 199, SCHEDULE L, LINE 16**  
**BONDS AND NOTES PAYABLE**

OTHER NOTES PAYABLE BALANCE DUE

PURPOSE OF LOAN:	PURCHASE OF VAN	
DESC. OF CONSIDERATION:	2013 CHEVY VAN	
ORIGINAL AMOUNT:	33,398.	
BALANCE DUE:		27,476.

LENDER'S NAME:	WELLS FARGO	
REPAYMENT TERMS:	5% AT 6/30/13	
PURPOSE OF LOAN:	LOC	
DESC. OF CONSIDERATION:	IMPROVEMENTS	
BALANCE DUE:		40,059.

TOTAL OTHER NOTES PAYABLE \$ 271,189.

TOTAL NOTES AND BONDS PAYABLE \$ 271,189.

**STATEMENT 7**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

ACCRUED INTEREST.....	55,938.
CLIENT TRUST.....	<u>30,543.</u>
TOTAL	\$ <u><u>86,481.</u></u>

**STATEMENT 8**  
**FORM 199, SCHEDULE M-1, LINE 7**  
**INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED GAINS ON INVESTMENTS.....	\$ 25,125.
TOTAL	\$ <u><u>25,125.</u></u>

IN

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

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

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number <u>067250</u>  <b>ALPHA PROJECT FOR THE HOMELESS</b> <small>Name of Organization</small>  <u>3737 FIFTH AVE. #203</u> <small>Address (Number and Street)</small>  <u>SAN DIEGO, CA 92103</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C-1550786</u>  Federal Employer ID No. <u>33-0215585</u>
--	--

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/12 ending 6/30/13) list:  
 Gross annual revenue \$ 6,597,617. Total assets \$ 4,579,047.

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

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

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

Organization's area code and telephone number 619-542-1877  
 Organization's e-mail address \_\_\_\_\_

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

<b>ROBERT MCELROY</b> <small>Signature of authorized officer</small>	<b>PRESIDENT</b> <small>Title</small>	
<small>Printed Name</small>		<small>Date</small>

11/18/13

05:02PM

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

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WILLIAM WARD  
611 WEST SIXTH STREET, 10TH FLOOR  
LOS ANGELES, CA 90017  
213-534-2580

CITY OF SAN DIEGO  
STEVE FONTANA  
9601 RIDGEHAVEN CT, STE 310  
SAN DIEGO, CA 92123-1636  
858-492-5077

US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROP 36  
MARICELA MARCIAS  
3255 CAMINO DEL RIO SOUTH  
SAN DIEGO, CA 92108  
619-584-5058

FAMILY HEALTH CENTERS OF SAN DIEGO  
TONY DE LOS SANTOS  
823 GATEWAY CENTER WAY  
SAN DIEGO, CA 92102  
619-515-2372

CLIENT 97167

ALPHA PROJECT FOR THE HOMELESS

33-0215585

11/18/13

05:02PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AMORTIZATION										
5	LOAN FEES	VARIOUS		12,059			8,511	S/L	5	2,462
	TOTAL AMORTIZATION			12,059		0	8,511			2,462
AUTO / TRANSPORT EQUIPMENT										
4	VEHICLES	VARIOUS		929,864			536,731	S/L	7	133,332
	TOTAL AUTO / TRANSPORT EQUI			929,864		0	536,731			133,332
BUILDINGS										
2	BUILDINGS & IMPROVEMENTS	VARIOUS		1,170,763			609,820	S/L	39	45,343
	TOTAL BUILDINGS			1,170,763		0	609,820			45,343
FURNITURE AND FIXTURES										
3	FURNITURE & FIXTURES	VARIOUS		247,443			193,340	S/L	7	12,949
	TOTAL FURNITURE AND FIXTURE			247,443		0	193,340			12,949
LAND										
1	LAND	VARIOUS		992,592						0
	TOTAL LAND			992,592		0	0			0
	TOTAL DEPRECIATION			<u>3,340,662</u>		<u>0</u>	<u>1,339,891</u>			<u>191,624</u>
	GRAND TOTAL AMORTIZATION			12,059		0	8,511			2,462
	GRAND TOTAL DEPRECIATION			<u>3,340,662</u>		<u>0</u>	<u>1,339,891</u>			<u>191,624</u>

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GRAND TOTAL AMORTIZATION				12,059		0	8,511			2,462
GRAND TOTAL DEPRECIATION				<u>3,340,662</u>		<u>0</u>	<u>1,339,891</u>			<u>191,624</u>