

CHAPTER YEAR-END SUMMARY

Within thirty (30) days after the end of the fiscal year, the outgoing President shall submit this completed form to the National Vice President Chapter Services at vpchapterservices@assistanceleague.org. Save a copy for the chapter files and provide a copy to the incoming President.

Please note: The information to be inserted is for the chapter **and its auxiliaries**.

NOTE: To complete this form on a computer, click on the shaded boxes (fields) and type the information requested. Move between fields using the Tab key or the arrow keys.

Assistance League of Pomona Valley	
Fiscal year ended: 5/31/15	Chapter President: Sharon A. Goodrich
List names of auxiliaries:	
1. Lazy Susans	2.
3.	4.
5.	6.

Philanthropic programs information:						
List all philanthropic programs of the chapter <u>and auxiliaries</u> . List number of persons served, not number of schools, hospitals, etc. Budgeted amounts reported should be for the year being reported upon.						
Name of program	Year started	Group served <i>(see key below)</i>	Area served <i>(see key below)</i>	# of members involved	# of recipients	Program budget
Dental Center	1986	1	A, B, D	14	276*	76,354
Operation School Bell	1998	1	A, B, D	113**	1334	17,454
Community Closet	1989	4	D	16	392***	330
Act of Giving	2013	1, 4	D	29	32***	1,177
Books for Kids	2013	1	B	27	1096	2,433
Cubs for Kids	1988	1	D	15	48	0
Assault Survivor Kits	1993	1, 2	A, D	14	50	1,236
Hygeine Kits	2005	1, 4	A, D	19	392***	536
*=Multiple Appts/treatments						
**=Number of 5 Hour Shifts						
***=Number of Families						

Key:

Groups Served
1 = Children (0-18 Years)
2 = Adults (18-64 Years)
3 = Seniors (65+ Years)
4 = Families/Other

Areas Served
A = Health
B = Education
C = Cultural
D = Basic Needs

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Member information:						
	Column A	Column B	Column C	Column D		
	# at beginning of year	# of new members	# of resignations, deaths, non-renewals	# at end of year <small>(Col A + Col B – Col C)</small>	# of service hours	
Chapter members:						
Voting	40	3	3	40	9308	
Nonvoting	10	1	3	8	88	
Auxiliary members:						
Voting	0	0	0	0	0	
Nonvoting	29	0	8	21	10	
Assisteens® members	0	0	0	0	0	
Totals	79	4	14	69	9426	
# of nonmembers utilized during fiscal year: 14			# of nonmember service hours: 300			
				Yes	No	N/A
Does the chapter have membership requirements (time and financial) of voting members? Please list or briefly explain membership time and financial requirements (such as hours requirements, # of thrift shop staffings, event ticket purchases) below:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chapter: Dues; Golf Tournament: Committee/plus "day of" Shift; \$100 Opportunity Basket; \$85 Meal Ticket; Tea Party: \$25 Opportuniy Basket Items; Committee						
Assisteens: N/A						
Auxiliary #1: Monthly \$15 contribution for their Annual Gift to Chapter						
Auxiliary #2:						
Auxiliary #3:						
Auxiliary #4:						

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Chapter compliance checklist:		Yes	No	N/A
1.	Are current bylaws and standing rules for the chapter and auxiliary policies (including any amendments for any of the preceding) on file with the national organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	Have the following policies been adopted by the chapter?			
	a. Conflict of interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Donor privacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Ethics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	d. Finance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	e. Gift acceptance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	f. Investment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	g. Record retention and destruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	h. Website privacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	i. Whistleblower protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Have new members received national and chapter orientation (and auxiliary orientation, if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Does the chapter have adequate insurance to protect the chapter's assets and operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	Have annual corporate (including auxiliaries) budgets been approved by the Board and membership prior to the beginning of the fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	Does the chapter make available to all, on request, complete annual financial statements and IRS Form 990?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.	Did the Board review the most recently filed IRS Form 990 before it was submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.	Did the Board review the CPA's management letter returned with the audited financial statements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did the chapter provide receipts/acknowledgments to donors for all cash and noncash contributions and obtain valuations of gift-in-kind donations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Did the chapter disclose the following information on tickets and/or invitations for all fundraising events?			<input type="checkbox"/>
	a. the amount of the ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. fair market value and description for goods and services received, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. the amount that is tax deductible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	d. the words "Retain for Tax Purposes" on the portion retained by the donor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11.	Did the chapter follow IRS regulations and applicable state and local laws, if any opportunity drawings/raffles were held?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Did the chapter pay sales tax on fundraising activities (including thrift shops and sales of purchased items) where required by state and local laws?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13.	Are all philanthropic programs identified with the name Assistance League®?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14.	Have Program Selection Report Forms and agreements been submitted to the National Philanthropic Programs Committee for review for all <u>new</u> philanthropic programs of the chapter and its auxiliaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Have amendment notices and termination notices of existing philanthropic programs of the chapter and its auxiliaries been submitted to the National Philanthropic Programs Committee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have all agreements with other organizations and schools for each philanthropic program of the chapter and its auxiliaries been renewed and updated to reflect current operations within the past three (3) years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have all agreements with stores been renewed and updated to reflect current operations within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18.	Do all marketing communications/public relations and other informational materials include the Assistance League® name and logo?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19.	Do auxiliary marketing communications/public relations and other informational materials include a statement that identifies the auxiliary as an auxiliary of the chapter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the use of Assistance League trademarks and designs/logos comply with Registered Trademarks and Rules for Trademark Use and Graphic Standards ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21.	If the chapter or auxiliary brochures were updated in the past year, were they submitted to the National Review Committee for review prior to printing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Does the chapter have an annual report available to all, on request, that includes the following items? a. the chapter's mission statement b. a summary of the past year's program service accomplishments c. a roster of the Board of Directors d. financial information from audited or reviewed financial statements	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23.	If the chapter's website solicits contributions, is annual report information as listed in #22 above included on the website?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	If the chapter activated a new website during the past year, was it reviewed by the National Marketing Communications Committee prior to activation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Is information on the chapter's website accurate and up-to-date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26.	Was a chapter evaluation performed this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
27.	Was the chapter's strategic plan updated this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
28.	Is the chapter's GuideStar profile information accurate and up-to-date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29.	Has the chapter achieved GuideStar's Exchange Gold Participant level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Chapter compliance checklist:	Yes	No	N/A
30. Is a current Assisteens® Auxiliary Consent Form on file with the chapter's Assisteens Coordinator for each Assisteens member?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please provide a brief explanation of any "no" answers to questions 1 through 30:			
#26 Was completed in January 2013. Next scheduled April 2016			
#27 The dissolution of two auxiliaries and the combining of members into one Voting body resulted in the need for major changes to our Strategic Plan. We are in the midst of major rewriting and work will continue over the next six months.			

List your successes for the year:
Board of Directors had a very productive meeting with our Advisory Council.
Met with the local Dental College to initiate networking and referral process.
Received over \$10,000 (up from \$3500) from the City of Pomona Commuity Development funding.
Sponsored Claremont Chamber of Commerce Mtg and gave a 15 minute presentation of our programs
Addressed the Pomona City Council Meeting regarding Dental Center and Op School Bell Programs.
Honored by Pomona USD for the 8 th time as a Community Partner.
Fall Tea Party fundraiser earned an all time high of \$6,27341 surplus.
Make A Difference Day Book Drive and purchases with donations resulted in 3922 Books For Klds.
Operation School Bell served 1,133 children from 504 families. Volunteers worked 113 5-hour shifts folding, stocking and delivering. Many more hours were spent shopping and coordinating with referring agencies and school districts.
At \$23.07 per volunteer hour, we gave \$216,581.16 of time to our local communities.

s/Sharon A. Goodrich
 President's signature

June 20, 2015
 Date

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