Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493014013451 OMB No. 1545-0047

Open to Public

Department of the

Ireas	•	enue Service						Inspection
				ning 06-01-2019 , and ending 05	-31-2020			
B Ch	neck if applicable: C Name of organization ASSISTANCE LEAGUE OF EUGENE					D Employe	r identifi	cation number
		change	ASSISTANCE LEAGUE OF ESGENE	ASSISTANCE ELACOPER OF ECOLOR			51-0157135	
☐ Name change ☐ Initial return			Doing business as					
☐ Final return/termina			ed					
		d return	1140 WILLAMETTE CT		'suite	E Telephone number		
ПΑ	pplicati	on penaing			(541) 485-3721			
			City or town, state or province, country, and ZIP or foreign postal code EUGENE, OR 97401					4.000
			F Name and address of principal officer:			G Gross red		4,232
			CHRISTINE BALES			s this a group ret	urn for	□ _{Yes} ☑ _{No}
			1149 WILLAMETTE ST EUGENE, OR 97401			KLA Are all subordinates		
					─ ` ´ ir	ncluded?		Yes No
1 1/	Vahait	to. > \/\/	501(c)(3) 501(c)() ◀(i WW.ASSISTANCELEAGUE.ORG/EUGE	, ,,,,		f "No," attach a li Froup exemption	•	•
, ,	• CDSII	te. P W	W.A3313TANCELEAGUE.ORG/EUGI					,
K Fo	rm of o	rganization	: 🗹 Corporation 🗌 Trust 🗎 Assoc	iation ☐ Other ►	L Year of	formation: 1974	M State o	of legal domicile: OR
F	Part I		ı mary scribe the organization's mission or	most significant activities:				
				MOST SIGNIFICANT ACTIVITIES: PROFIT VOLUNTEER ORGANIZATION D	EDICATED T	TO PROVIDING P	ROGRAM	S WHICH ENHANCE
ce	:	THE QUAL	LITY OF LIFE IN OUR COMMUNITY.					
Jan								
Governance	-							
9		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.						
		3 Number of voting members of the governing body (Part VI, line 1a)					3	12
nes		Number of independent voting members of the governing body (Part VI, line 1b)					5	12
Activities &	1	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)					6	0 254
Ac	7a Total unrelated business revenue from Part VIII, column (C), line 12					7a	234	
		b Net unrelated business taxable income from Form 990-T, line 39				7b		
	+-	Prior Year					Current Year	
_	8	Contribu	tions and grants (Part VIII, line 1h)			427,1	-	487,567
Rəvenue	1	Program service revenue (Part VIII, line 2g)					47	
ōΛċĮ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				22,7	15	17,546
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				16,7	64	18,245
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		467,5	13	523,363
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				330,0	24	352,134
	14	Benefits paid to or for members (Part IX, column (A), line 4)						(
&	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						(
ens	16a	a Professional fundraising fees (Part IX, column (A), line 11e)						
Expenses			Il fundraising expenses (Part IX, column (D), line 25) ▶53,961					
ш	1		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			108,1	_	113,144
	1		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses. Subtract line 18 from line 12			<u> </u>		465,278
<u></u>		Revenue				رع ning of Current Ye	_	58,085 End of Year
Net Assets or Fund Balances		beginning of current to						
SS 9 Bala	20	Total ass	ll assets (Part X, line 16)			1,838,2	86	1,891,402
절절	21	Total liab	al liabilities (Part X, line 26)			30,2	70	25,30
zΞ	22	Net assets or fund balances. Subtract line 21 from line 20				1,808,0	16	1,866,101
	art II		ature Block				الديو	
				ned this return, including accompanyi Declaration of preparer (other than o				
	knowle		· ·		·			-
		****	*** 2020-12-03					
Sig	n	Signat	Signature of officer Date					
Her			STINE BALES PRESIDENT					
			or print name and title					
-		F	Print/Type preparer's name	Preparer's signature	Date 2021-01-06			
Paid Preparer Use Only		<u> </u>				self-employed	self-employed	
		ei	Firm's name ► JONES & ROTH PC Firm			Firm's EIN > 93-0	013040	
		บy 👍	Firm's address ▶ PO BOX 10086 Pho				87-2320	

EUGENE, OR 97440

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No