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Form 990

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ASSISTANCE LEAGUE OF EUGENE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1149 WILLAMETTE ST

City or town, state or province, country, and ZIP or foreign postal code
EUGENE, OR 97401

F Name and address of principal officer:
CHRISTINE BALES
1149 WILLAMETTE ST
EUGENE, OR 97401

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
51-0157135

E Telephone number
(541) 485-3721

G Gross receipts \$ 814,232

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ASSISTANCELEAGUE.ORG/EUGENE

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1974

M State of legal domicile: OR

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ASSISTANCE LEAGUE OF EUGENE IS A NONPROFIT VOLUNTEER ORGANIZATION DEDICATED TO PROVIDING PROGRAMS WHICH ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY.

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) | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 12 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 254 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 | |

Revenue

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 427,187 | 487,567 |
| 9 Program service revenue (Part VIII, line 2g) | 847 | 5 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 22,715 | 17,546 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 16,764 | 18,245 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 467,513 | 523,363 |

Expenses

| | | |
|--|---------|---------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 330,024 | 352,134 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶53,961 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 108,190 | 113,144 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 438,214 | 465,278 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 29,299 | 58,085 |

Net Assets or Fund Balances

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 1,838,286 | 1,891,402 |
| 21 Total liabilities (Part X, line 26) | 30,270 | 25,301 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,808,016 | 1,866,101 |

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.

Sign Here

Signature of officer

CHRISTINE BALES PRESIDENT
Type or print name and title

2020-12-03
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ JONES & ROTH PC
Firm's address ▶ PO BOX 10086
EUGENE, OR 97440

Preparer's signature

Date 2021-01-06

Check ☐ if self-employed

PTIN P00036435

Firm's EIN ▶ 93-0819646

Phone no. (541) 687-2320

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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