10/26/24, 1:45 PM Assistance League Of Tucson Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202410659349301506 - Submission: 2024-03-05 TIN: 86-6057789 OMB No. 1545-0047 **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 <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 05-01-2022 , and ending 04-30-2023 D Employer identification number C Name of organization B Check if applicable: ASSISTANCE LEAGUE OF TUCSON INC Address change 86-6057789 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 1307 N ALVERNON O Application pending (520) 326-8452 City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85712 **G** Gross receipts \$ 2,105,964 Name and address of principal officer: **H(a)** Is this a group return for ASHLIE COUNTS-JENKINS ☐Yes ✓ No subordinates? 1307 N ALVERNON **H(b)** Are all subordinates TUCSON, AZ 85712 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or 501(c) ( ) ◀ (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► ALTUCSON.ORG L Year of formation: 1959 M State of legal domicile: AZ K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: VOLUNTEERS WORKING IN THE TUCSON COMMUNITY TO HELP THOSE IN NEED Activities & Governance Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 11 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . **6** Total number of volunteers (estimate if necessary) . . . . . . 375 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0

**Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . . 1,096,274 1,262,941 9 Program service revenue (Part VIII, line 2g) . . . . . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,659 10,154 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,337 24,588 1,125,270 1,297,683 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 13 0 0 **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) ▶10,850 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . 891,160 1,123,160 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 891,160 1,123,160 **19** Revenue less expenses. Subtract line 18 from line 12 . . . 234,110 174,523 Assets or d Balances Beginning of Current Year **End of Year** 

Signature Block

20 Total assets (Part X, line 16) . . .

21 Total liabilities (Part X, line 26) . . . .

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

22 Net assets or fund balances. Subtract line 21 from line 20 .

2,965,868

2,863,219

102,649

2,764,926

80,776 2,684,150

	<b>L</b>						2024-03-04	
Sigr	Sign	nature of offic	er				Date	
lere	ASI			60				
	Тур							
ai	d	Print/Type p	preparer's name	Preparer's	signature	Date	Check if self-employed	PTIN P00153454
		Firm's name	e ADDINGTON & AS	SOCIATES PLLC			Firm's EIN ► 86	5-1010758
se	Only	Firm's addre	ess 🕨 5431 N ORACLE RI	O SUITE 101			Phone no. (520)	887-1120
			TUCSON, AZ 8570	04				
Signature of officer  ASHLIE COUNTS-JENKINS PRESIDENT/CEO Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN P00153454								
or F	aperwork !	Reduction	Act Notice, see the	separate insti	ructions.	С	at. No. 11282Y	Form <b>990</b> (20
					— Page 2 —			
rm	990 (2022)							Pag
Pa	rt III <b>Sta</b>	tement o	f Program Servic	e Accomplis	hments			- 3
				nse or note to	any line in this Part I	II		🗸
•	•	_						
<u> DLU</u>	NTEERS WO	RKING IN T	HE TUCSON COMMUN	NITY TO HELP T	HOSE IN NEED.			
	Did the org	janization ur	ndertake any significa	nt program ser	vices during the yea	r which were no	ot listed on	
	the prior Fo	orm 990 or 9	990-EZ?					🗆 Yes 🗸 No
	If "Yes," de	scribe these	e new services on Sch	iedule O.				
;	-	janization ce	ease conducting, or m	ake significant	changes in how it co	nducts, any pro	ogram	O., Z.,
								. ∪ Yes 🛂 No
1	·		-		ate for each of its the	ree largest proc	ram corvicos as m	eacured by expenses
-	Section 501	1(c)(3) and	501(c)(4) organization	ons are required				
a	(Code:		) (Expenses \$	422,154	including grants of \$		) (Revenue \$	)
	RECEIVE A H SCHOOLS RE	HOODIE, 3 UNI ECEIVE A VOU	IFORMS, UNDERWEAR, S CHER WORTH \$100 TO E	OCKS, SHOES, AN EXCHANGE AT ONE	ND A BACKPACK FROM ( E OF 8 TARGET EVENTS.	OUR PROGRAM FA	CILITY. CHILDREN ATT	ENDING NON-UNIFORM
ь	(Code:		) (Expenses \$	204.946	including grants of \$		) (Revenue \$	)
	STARTING O'	HOLD SUPPLII	S PARTNERS WITH 41 SO ES TO INDIVIDUALS AND	CIAL SERVICE AG	ENCIES AND OTHER CH	ND ABUSIVE SITU	IIZATIONS IN TUCSON ATIONS TO LIVE INDE	PENDENTLY. THESE KITS
	(Code:		) (Expenses \$	28,460	including grants of \$		) (Revenue \$	)
	ASSAULT SU		HELPS RESTORE DIGNIT	Y TO SURVIVORS	OF PHYSICAL, SEXUAL		ASSAULT WITH CLOTH	
						AGAINST SEXUAL	ASSAULT (SACASA),	SOUTHERN ARIZONA CHILD
	•			· ·			, ,	)
	HOME LIBRA	RY. THESE SC						
	(6. )							
	TEDDY BEAR		ROVIDES CHILD-SAFE TE	DDY BEARS TO CO	OMFORT CHILDREN IN E	MOTIONAL OR PH		,
	SUCH AS LA							
			) (Exnenses \$	15 096	including grants of ¢		) (Revenue \$	)
	(Code: ASSISTEENS NEEDED SUP	PPLIES ARE SU	CSON TEENS GIVES SUPP	PLIES TO TITLE I	MIDDLESCHOOLS FOR F		TON, ARTS AND MUSI	
	(Code: ASSISTEENS NEEDED SUP	PPLIES ARE SU	CSON TEENS GIVES SUPI	PLIES TO TITLE I	MIDDLESCHOOLS FOR F		TON, ARTS AND MUSI	

PIAKE GOOD USE OF THEM.

(Code:			1,979 including grants of \$ ) (Rever				
OTHER SMALL PROGRA	MS INCLUDE ASSISTEE	NS COMMUNITY SERVICE AND TOILE	TRIES FOR TUCSON STUDENTS	S.			
Other program services (Describe in							
Other program serv	ices (Describe in Sch	nedule O.)					

**4e** Total program service expenses ► 749,092

Form **990** (2022)

Page 3

Form 990 (2022) Page **3** 

	990 (2022)			Page 3
Pai	tiv 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>	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. **	2	Yes	
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>	3		No
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>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.			j

	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form **990** (2022)

---- Page 4 -

Form	990 (2022)			Page
Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

10/26/2	24, 1:45 PM Assistance League Of Tucson Inc - Full Filing- Nonprofit Explorer - ProPubli	ica		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			<u>•                                      </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1_	.,	
	(gambling) winnings to prize winners?	1c	Yes	<b>0</b> (2022)
		r	-orm 99	<b>(</b> 2022)
	Page 5			
Form	990 (2022)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44		NO
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<b></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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		<del>                                     </del>
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	Yes	
-	provided to the payor?		105	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
А	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>		INO
u	In rest, indicate the number of forms 5252 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		1	

10b

11a

11b

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

 $\boldsymbol{b} \quad \text{If "Yes," enter the amount of tax-exempt interest received or accrued during the year.} \\$ 

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section 501(c)(12) organizations. Enter:

10/20/2	Assistance League Of Tucsoff into 1 till 1 illing-Tuchpoint Explorer - 1 for ubil	. a		_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If res, complete form 6005.	F	orm <b>99</b>	<b>0</b> (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6	V	No
6 7a	Did the organization have members or stockholders?	0	Yes	
	members of the governing body?	7a 7b	Yes Yes	
8	persons other than the governing body?			
Ū	the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) <b>Yes</b>	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		110
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12-	Va.	<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written document retention and destruction policy?	13 14	Yes Yes	<u></u>
14 15	Did the organization have a written document retention and destruction policy?	14	162	<u> </u>
	sa the process for determining compensation of the following persons include a review and approval by independent			

0/26/2	4, 1:45 PM		League Of Tucson	U		ProPublica	
	persons, comparability data, and conte	•		טפומנוטוו מווט טפנוצ	BIUIT		
	The organization's CEO, Executive Dire					. 15a	No
b	Other officers or key employees of the	organization .				. 15b	No
	If "Yes" to line 15a or 15b, describe th	e process on Sche	dule O. See instruct	ons.			
16a	Did the organization invest in, contributaxable entity during the year?				rrangement with	a . <b>16a</b>	No
	If "Yes," did the organization follow a vin joint venture arrangements under a status with respect to such arrangeme	pplicable federal ta	ax law, and take ste	os to safeguard the			
	ction C. Disclosure						
	List the states with which a copy of thi	•					
18	Section 6104 requires an organization $501(c)(3)s$ only) available for public in	to make its Form spection. Indicate	1023 (1024 or 1024 how you made thes	-A, if applicable), s e available. Check	990, and 990-T (s all that apply.	ection	
	✓ Own website ✓ Another's web	site 🔽 Upon re	quest 🗆 Other (	explain in Schedul	e O)		
19	Describe in Schedule O whether (and i policy, and financial statements availal			overning documen	ts, conflict of inte	rest	
	State the name, address, and telephor THE ORGANIZATION 1307 N ALVERI		person who possesson 2 85712 (520) 326-		's books and reco	rds:	
						F	orm <b>990</b> (2022)
			Page 7 —				
Form (	990 (2022)						D 7
Part		s Directors Tr	ustoes Kov Emi	lovees Higher	st Compensate	ad Employee	Page <b>7</b>
I air	and Independent Contra		ustees, key Emp	noyees, mgne.	st compensati	sa Employee	.3,
	Check if Schedule O contains a	response or note	to any line in this Pa	rt VII			$\square$
Sec	ction A. Officers, Directors, Tru	•	•				
	mplete this table for all persons require			•			nization's tax
year.	ist all of the organization's <b>current</b> off	icara diractara tr	ustoos (whathar ind	viduale or organia	ations) rogardles	a of amount	
	npensation. Enter -0- in columns (D), (				ations), regardles	s or arribuilt	
• Li	st all of the organization's <b>current</b> key	employees, if any	. See the instruction	s for definition of	"key employee."		
who re	st the organization's five <b>current</b> highe eceived reportable compensation (box l ganization and any related organization	5 of Form W-2, bo					າ \$100,000 from
	st all of the organization's <b>former</b> officortable compensation from the organiz			nsated employees	who received mo	re than \$100,0	00
• Li organi	st all of the organization's <b>former dire</b> zation, more than \$10,000 of reportab ie instructions for the order in which to	ectors or trustees le compensation fi	s that received, in the rom the organization			rustee of the	
✓ c	heck this box if neither the organization	n nor any related o	organization comper	sated any current	officer, director, o	r trustee.	
	(A)	(B)	((		(D)	(E)	(F)
	Name and title	Average hours per week (list any hours	Position (do not one box, unless pofficer and a di	theck more than erson is both an rector/trustee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
		for related	역 풀 🚅	요 등 등 공	(W-2/1099-	(W-2/1099-	from the

<b>(A)</b> Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe fficer and a dire	eck rso	n is	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) MONICA STAVOE	44.00			.,						
PRESIDENT		Х		Х				0	0	0
(2) MARION STEELE	33.00	Х		Х				0	0	0
SENIOR VP		^		^						0
(3) LINDA LOOMIS	8.00			· ·				0	0	0
VP MEMBER SERVICES		Х		Х				0	0	0
(4) CANDACE JOCHUM	27.00			,,						
VP PHILANTHROPIC PROGRAMS		Х		Х				0	0	0
(5) KIMBERLY SPARLING	19.00								_	
VP RESOURCES DEVELOPMENT		Х		Х				0	0	0
(6) SUSAN ROGERS	22.00		1							

0/26/24, 1:45 PM	Assistance	Leagu	e Of Tucson In	c - F	-ull F	-iling-	No	nprofit Explorer -	ProPublica	
SECRETARY		Х		Х				0	0	0
(7) JANE GLASSER	24.00	Х		Х				0	0	0
TREASURER										
(8) LETRICIA JAUREGUI FINANCE CHAIR	14.00	Х						0	0	0
(9) MONIQUE VAN SICKLE MARKETING COMMUNICATIONS	12.00	Х						0	0	0
(10) ANNE WOOSLEY STRATEGIC PLANNING	35.00	Х						0	0	0
(11) AMBUR LINDSTROM-METTE ASSISTEENS CHAPTER LIASON	8.00	Х						0	0	0
	·									
									F	orm <b>990</b> (2022)

Page 8 Page 8

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours	box,	(C) on (do not chec unless person i and a directo	k m s bo r/tru	th a istee	n offic	er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
Sub-Total						•	_			

D/26/24, 1:45 PM	Assistance Lea	ague Of Tucson Inc - Fu	ıll Filing- Nonprofit E	xplorer - ProPublica	a	
d Total (add lines 1b and 1c)		. •	(	)	0	
2 Total number of individuals (including of reportable compensation from the		se listed above) who red	ceived more than \$3	100,000		
				_	Yes	No
Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			- '		3	No
For any individual listed on line 1a, is organization and related organization individual				m the	4	No
Did any person listed on line 1a recei services rendered to the organization	· ·	•	-		5	No
Section B. Independent Contract	tors					
Complete this table for your five high from the organization. Report compe					pensation	
	(A)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(B) cription of services		(C)
мате	and business address		Des	cription of services	Comp	ensation
2 Total number of independent contractor	rs (includina but not lim	nited to those listed abo	ve) who received m	ore than \$100,000	) of	•
compensation from the organization				. ,		<b>90</b> (202
					FORM 9	90 (202
		— Page 9 ———				
rm 990 (2022)						Page
Part VIII Statement of Revenue	<u> </u>					- rug
Check if Schedule O contain	s a response or note to	Í		<u></u>	<u></u>	
	(A) (B) (C) Total revenue Related or Unrelated					<b>D)</b> enue
			exempt function	business revenue	exclude tax unde	ed from r section
Federated campaigns 1a			revenue		512	- 514
ontributions,	_					
fts, Grants, by Membership dues 1b						
therAmt <sub>20,540</sub>	_					
Roundsdraising events 1c	_					
d Related organizations						
d Related organizations 1d	_					
e Government grants (contributions) 1e	_					
f All other contributions, gifts, grants, and similar amounts not included above	_					
1,242,401						
g Noncash contributions included in lines 1a - 1f:\$	_					
805,438 <b>h Total.</b> Add lines 1a-1f		044				
	Business Cod				$\overline{}$	
2a						
<u> </u>						
e ve						
Service Revenue						
7.						
S 1						

	24, 1:45 PM			Assistance League O	f Tucson Inc - Full	Filing- Nonprofit Explo	rer - ProPublica	
Pro	<b>f</b> All other program	servic	e revenue.					
	<b>9 Total.</b> Add lines 2	2a-2f <b>.</b>						
-	Investment income similar amounts)	(inclu	ding dividends, ir	nterest, and other	10,154			10,154
	Income from invest			ond proceeds	<u> </u>			
	Royalties							
			(i) Real	(ii) Personal				
ـ ا	. C	اً ۽ ا						
	Gross rents	6a						
	Less: rental expenses	6b						
٥	Rental income or (loss)	6с						
	<b>d</b> Net rental income	or (lo		▶				
		I,	(i) Securities	(ii) Other				
	a Gross amount from sales of assets other than inventory	7a						
Other Revenue	Less: cost or other basis and sales expenses	7b						
Œ	Gain or (loss)	7c						
e	<b>d</b> Net gain or (loss)	$\perp$						
ŏ	a Gross income from fu		ng events					
	(not including \$ contributions reported	d on lin	of le 1c).					
	See Part IV, line 18		8a	43,349				
	<b>b</b> Less: direct expen	ses .	8b	22,437				
	<b>c</b> Net income or (los	s) fro	m fundraising eve	ents 🕨	20,912			20,912
9;	Gross income from See Part IV, line 19							
	<b>b</b> Less: direct expen	ses .	9b					
	<b>c</b> Net income or (los	s) fro	m gaming activiti	es				
10	<b>Da</b> Gross sales of inver returns and allowa		, less	785,844				
	<b>b</b> Less: cost of good	s sold	10b	785,844				
	c Net income or (los		<u></u>	orv <b>b</b>	0			
	1100000 0. (100		54.55 5	Business Code				
1	.1aOTHER INCOME			459900	3,676			3,676
	b							
Othe	RevenueMiscAmt							
	<b>d</b> All other revenue		I					
	e Total. Add lines 1				3,676			
1	2 Total revenue. S	ee ins	tructions		1,297,683	0	0	34,742
								Form <b>990</b> (2022)
				_	10			
				Pa	ge 10 ———			
Form	990 (2022)							Page <b>10</b>
Par	Statement	of F	unctional Exp	enses				(1)
	Section 501(	c)(3) a	and 501(c)(4) org	ganizations must comple	ete all columns. All	other organizations m	iust complete colur	nn (A).

Check if Schedule O contains a response or note to any line in this Part  $\ensuremath{\mathsf{IX}}\xspace$  .

סס חסג וחכועמפ amounts reported on lines סס, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees			-	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	116,332	10,420	105,912	
<b>12</b> Advertising and promotion	27,468		27,468	
13 Office expenses	32,044	4,545	16,975	10,524
14 Information technology	==/=	.,	-5/2:0	
15 Royalties				
·	153,921	39,465	114,456	
<b>16</b> Occupancy	133,921	39,403	114,430	
17 Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	39,670	12,606	27,064	
23 Insurance	16,486	3,820	12,666	
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 PROGRAM SUPPLIES AND BU	675,316	675,316		
<b>b</b> CREDIT CARD FEES	19,283	298	18,985	
c HAULING	18,367		18,367	
d NATIONAL DUES	9,010		9,010	
e All other expenses	15,263	2,622	12,315	326
25 Total functional expenses. Add lines 1 through 24e	1,123,160	749,092	363,218	10,850
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	, , , , ,	<u> </u>		
Check here if following SOP 98-2 (ASC 958-720)	1			

Form **990** (2022)

Part X

**Balance Sheet** 

Form 990 (2022) Page **11** 

		Check if Schedule O contains a response or not	te to aı	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			726,560	1	554,466
	2	Savings and temporary cash investments .		[	436,819	2	606,673
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[	3,434	4	125
	5 6	Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disqualisection 4958(f)(1)), and persons described in s	stantial ese per ified pe	contributor, or 35% rsons rsons (as defined under		5	
	_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6	
Assets	7	Notes and loans receivable, net		<b>⊢</b>	070 500	7	200,000
20	8	Inventories for sale or use			376,526	8	398,903
Ï	9	Prepaid expenses and deferred charges			10,677	9	5,230
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,769,764			
	b	Less: accumulated depreciation	10b	1,604,944	1,179,104	<b>10</b> c	1,164,820
	11	Investments—publicly traded securities .				11	204,419
	12	Investments—other securities. See Part IV, line	11 .		31,806	12	31,232
	13	Investments—program-related. See Part IV, line	e 11    .			13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	e 33)	2,764,926	16	2,965,868
	17	Accounts payable and accrued expenses			65,748	17	89,419
	18	Grants payable				18	
	19	Deferred revenue			15,028	19	13,230
	20	Tax-exempt bond liabilities		20			
S.	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	
Ĭ	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
İ	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2- Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			80,776	26	102,649
lances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck h	ere 🕨 🗹 and	2,681,448	27	2,863,219
ă	28	Net assets with donor restrictions			2,702	28	0
Assets of Fund Balances	20	Organizations that do not follow FASB ASC complete lines 29 through 33.	-	<u> </u>		20	
20	29	Capital stock or trust principal, or current funds		⊨		29	
set	30	Paid-in or capital surplus, or land, building or ed		<del> -</del>		30	
H	31	Retained earnings, endowment, accumulated in		or other funds		31	
Ner	32	Total net assets or fund balances			2,684,150	32	2,863,219
2	33	Total liabilities and net assets/fund balances .	•		2,764,926	33	2,965,868
				—— Page 12 —————			Form <b>990</b> (2022
		(2022)					Page <b>12</b>
Pa	rt XI	Reconcilliation of Net Assets  Check if Schedule O contains a response or n	ote to	any line in this Part XI .			
1	Tota	al revenue (must equal Part VIII, column (A), line	12\			1	1 207 601
1	100	ii revenue (must equal Part VIII, column (A), line	12)			1	1,297,683

0/26/2	24, 1:45 PM Assistance League Of Tucson Inc - Full Filing- Nonprofit Explorer - ProF	ublica		
4	Iotal expenses (Inust equal Part IA, Columni (A), line 25)	<del></del>		1,123,100
3	Revenue less expenses. Subtract line 2 from line 1			174,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			2,684,150
5	Net unrealized gains (losses) on investments			4,546
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	)	2	2,863,219
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
_	Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	No
	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:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basic consolidated basis, or both:	s,		
	✓ Separate basis			
С	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?	20	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	Ο.		
2-	As a result of a federal arrand was the consciention required to undersoon and the constitute as not feath in the Uniform			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	m <b>3a</b>		No
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.	3b		
		,	Form 99	<b>90</b> (2022)
Form	990 (2022)			
	Iditional Data	Retu	rn to F	orm
	Software ID: Software Version:			
Forn	n 990, Special Condition Description:			
I				

efile Public Visual Render

ObjectId: 202410659349301506 - Submission: 2024-03-05

TIN: 86-6057789

OMB No. 1545-0047

#### SCHEDULE A (Form 990)

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2022

Open to Public Inspection

		he organization					Employer identific	ation number
ASSIS	IANCE	LEAGUE OF TUCSON INC					86-6057789	
	rt I	Reason for Public					See instructions.	
The o	rganiz	ration is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check of	nly one box.)		
1		A church, convention of	f churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in <b>section 1</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca	l government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7		An organization that no section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college						ege or university or a
10	<b>~</b>	An organization that no from activities related t investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin <b>509(a)(2).</b> (Co	nctions—subject to cer less taxable income (le omplete Part III.)	tain exceptions, ess section 511 to	and (2) no more ax) from busines	than 33 1/3% of its susses acquired by the o	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (	described in section 5	09(a)(1) or se	ction 509(a)(2)	). See <b>section 509(a</b>	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	ver to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiz	ervised or controlled i ation vested in the sar				
c		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio It complete Par	<ul> <li>d. A supporting organing organing organization</li> <li>d. A supporting organization</li> <li< td=""><td>ization operated fy a distribution I D, and Part V.</td><td>in connection will requirement and</td><td>th its supported orgar an attentiveness req</td><td>uirement (see</td></li<></ul>	ization operated fy a distribution I D, and Part V.	in connection will requirement and	th its supported orgar an attentiveness req	uirement (see
е		Check this box if the or integrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supporte					<u> </u>	
g	Provi	de the following informat	ion about the su	upported organization(	s).		_	
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	<u> </u> 5F	Schedule	A (Form 990) 2022
				Do	ge 2 <del></del>			
				——— Ра	ge 2 ———			
Sched	lule A	(Form 990) 2022						Page <b>2</b>
Pa	rt II			rations Described ne box on line 5, 7,				

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

	6/24, 1:45 PM	Assistanc	e League Of Tucs	on Inc - Full Filing	Nonprofit Explore	r - ProPublica	
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through						
	10 Gross receipts from related activities, 6	atc (see instruction	ne)			1421	
12	•	•	•			12	instinus absolu
13		-		·	•		ization, thetk
_	this box and stop here						
	Public support percentage for 2022 (lin			olumn (f))		14	
	Public support percentage for 2022 (IIII						
	33 1/3% support test—2022. If the					more check this h	10Y
100	and <b>stop here.</b> The organization qualif						
Ŀ	33 1/3% support test—2021. If the	organization did r	not check a box or	line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	
	box and <b>stop here.</b> The organization						
17	10%-facts-and-circumstances test	<b>–2022.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
t	10%-facts-and-circumstances tes more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		▶ □
18							
	instructions						▶□
						Schedule A (F	form 990) 2022
			_				
			Page 3				
Sch	edule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule for						_
	(Complete only if you						er Part II. If
_	the organization fails to Section A. Public Support	o quality under	the tests listed	below, please c	ompiete Part II.	)	
Ca	lendar year	(a) 2018	<b>(b)</b> 2010	(a) 2020	(d) 2021	(a) 2022	(f) Total
	r fiscal year beginning in)	(a) 2016	<b>(b)</b> 2019	(c) 2020	(a) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	896,704	817,207	645,341	1,096,274	1,262,941	4,718,467
	include any "unusual grants.") .	3337.01	317,207	3.0,011	_,555,271	_,,_1	.,. 25, .67
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in	25,551		9,566	52,438	43,349	130,904
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or	578,912	532,952	312,057	659,177	789,520	2,872,618
	business under section 513	1.2,512	112,502	,,,,,		: 22,320	_,::=,310

Tax revenues levied for the

10/26/	24, 1:45 PM	Assistance	e League Of Tucso	on Inc - Full Filing-	<ul> <li>Nonprofit Explore</li> </ul>	er - ProPublica			
	paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5	1,501,167	1,350,159	966,964	1,807,889	2,095,81	0	7.7	721,989
	Amounts included on lines 1, 2, and	58,862	119,652	105,200			1		586,172
	3 received from disqualified persons	30,002	119,032	103,200	113,009	100,70	9	-	700,172
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b	58,862	119,652	105,200	113,689	188,76	9	5	586,172
8	<b>Public support.</b> (Subtract line 7c							7,1	135,817
Se	from line 6.)								
	endar year	( ) 2010	(1.) 2010	( ) 2020	/ D 2024	( ) 2022	(6)		
(or	fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6	1,501,167	1,350,159	966,964	1,807,889	2,095,81	0	7,7	721,989
10a	Gross income from interest, dividends, payments received on	40.604	40.040		0.650				
	securities loans, rents, royalties and	12,681	18,212	8,573	3,659	10,15	4		53,279
b	income from similar sources Unrelated business taxable income						-		
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
c	1975. Add lines 10a and 10b.	12,681	18,212	8,573	3,659	10,15	4		53,279
11	Net income from unrelated business	==,000		5/0.0	2,000				
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12									
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,	1,513,848	1,368,371	975,537	1,811,548	2,105,96	4	7.7	775,268
4.4	11, and 12.) <b>First 5 years.</b> If the Form 990 is for			•					
14	this box and <b>stop here</b>	_			•				► ∩
Se	ection C. Computation of Public				<u> </u>		· · · ·		
15	Public support percentage for 2022 (li	ne 8, column (f) o	livided by line 13,	column (f))		15		91.	780 %
16	Public support percentage from 2021					16		93.	210 %
Se	ction D. Computation of Inves								
17	Investment income percentage for 20	<b>122</b> (line 10c, colu	mn (f) divided by	line 13, column (	f))	17		0.	690 %
18	Investment income percentage from 2	•	·			18			670 %
19a	33 1/3% support tests-2022. If the								
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization quali	fies as a publicly	supported organiz	ation	🕨	<b>-</b>	10:-
b	<b>33</b> 1/3% support tests— <b>2021.</b> If th	_			•			_	18 15
20	not more than 33 1/3%, check this box								
	<b>Private foundation.</b> If the organizat	ion did not check a	a box on line 14, 1	19a, or 19b, check	k this box and see	Schedule A		000)	2022
						Schedule A	(101111	990)	2022
			Page 4						
			rage 4						
Sche	dule A (Form 990) 2022							P	age <b>4</b>
Par	t IV Supporting Organization		CD 1.7.76				7.0		
	(Complete only if you checked box 12b, of Part I, complete S	a box on line 12 o ections A and C. If	r Part I. If you ch	ecked box 12a, of 12c, of Part I, co	mplete Sections A	Sections A and B , D, and E. If voi	. If you I check	u cnec ked bo	кеа х
	12d, of Part I, complete Section	ns A and D, and c			•				
Se	ction A. All Supporting Organiz	zations					-	-	
						F		Yes	No
1	Are all of the organization's supported								
	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an			tea. Il designated	by class or purpo	ise,			
_	-	-	., .	IDC d-ti	-ti		1		
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in a								
	described in section $509(a)(1)$ or $(2)$ .		. 9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	2		
3a	Did the organization have a supported	l organization doc	crihed in section 5	01(c)(4) (5) or	(6)? If "Vec " and	ver lines 3h and	-	-	
Jd	3c below.	a organización desi	cribed III Section 3	, O1(C)(4), (3), OF	(U): II IES, dilSV	ver lilles 30 alla	2-		
b	Did the organization confirm that each	a supported organ	ization qualified	nder section E01/	c)(4) (5) or (6)	and satisfied	3a		
D	the public support tests under section								
	determination.				-	ŀ	3b		

	24, 1:45 PM Assistance League Of Tucson Inc - Full Filing- Nonprofit Explorer - ProPublica			
C	In the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(b) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			<u> </u>
_		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4-		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
		10b	- 000	202
Caba	Page 5 — Pag	(10111		
	t IV Supporting Organizations (continued)			Page :
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			· 
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			1

0/26/2	24, 1:45 PM Assistance League Of Tucson Inc - Full F	_				
1	were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed t	contr	ol or management of the	1		<u> </u>
Se	ction D. All Type III Supporting Organizations					<u> </u>
	otion 5.7th Type 111 oupporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	ected No," e.	xplain in <b>Part VI</b> how the			
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported the	tion's i	ncome or assets at all times	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations					
1 a	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
b	The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.			
c				instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.					
_	Did substantially all of the consciention/s activities during the become discath. Guthau	Al			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \ oses, l	/I identify those supported how the organization was			
b	substantially all of its activities.  Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in to organization's involvement.	' expla	in in <b>Part VI</b> the reasons for	2a		
,	-			2b		<u> </u>
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the off	icars (	directors or trustees of each of	3a		<u> </u>
	the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>					
b	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?			3b		
			Schedule A		n 990)	2022
	Page 6					
	Page 6 ————					
Sched	dule A (Form 990) 2022				F	Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income	10113 1	i i	_	rent Yea	
	Section A - Adjusted Net Income	T		(opti	onal)	
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions  Other grees income (see instructions)	3				
3 4	Other gross income (see instructions) Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	6				
	production of income (see instructions)	<b>-</b> -				
7 8	Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	7 8				
o	Section B - Minimum Asset Amount	0	(A) Prior Year	(B) Cur	rent Yea	r
		T			onal)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c	1			

d Total (add lines 1a, 1b, and 1c)

е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_	Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3				
3 4	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3 4 5	Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3		
2 3 4 5 6	Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	3 4 5 6	ted Type III supporting organization (see	

Page 7 -

·	exempt purposes of supported		2				
Amounts paid to perform activity that directly furthers excess of income from activity  Administrative expenses paid to accomplish exempt put amounts paid to acquire exempt-use assets	exempt purposes of supported						
excess of income from activity  Administrative expenses paid to accomplish exempt pu  Amounts paid to acquire exempt-use assets			2				
Amounts paid to acquire exempt-use assets	urposes of supported organizati	ons					
·			3				
Qualified set-aside amounts (prior IRS approval requir		4 Amounts paid to acquire exempt-use assets					
	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
Other distributions (describe in Part VI). See instructi	6						
Total annual distributions. Add lines 1 through 6.			7				
Distributions to attentive supported organizations to w details in <b>Part VI</b> ). See instructions	which the organization is respons	sive ( <i>provide</i>	8				
Distributable amount for 2022 from Section C, line 6	on C, line 6 9						
Line 8 amount divided by Line 9 amount			10				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022			
Distributable amount for 2022 from Section C, line 6							
Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in <b>Part VI</b></i> ). See instructions.							
Excess distributions carryover, if any, to 2022:							
From 2017							
From 2018							
From 2019							
From 2020							
From 2021							
<b>Total</b> of lines 3a through e							
Applied to underdistributions of prior years							
Applied to 2022 distributable amount							
Carryover from 2017 not applied (see instructions)							
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
Distributions for 2022 from Section D, line 7:							
Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$							

Return R					Sch	nedule A (Form 990) 20		
Return R	eference				Sch	nedule A (Form 990) 20		
Return R	eference							
				Explanation				
		Facts An	d Circumstances	Test				
Ilistrac	ctions).							
Section Part IV	n A, lines 1, 2, 3b, 3c, 4 /, Section D, lines 2 and n D, lines 5, 6, and 8; a		11a, 11b, and 11e es 1c, 2a, 2b, 3a	c; Part IV, Section B, and 3b; Part V, line 1	lines 1 and 2; ; Part V, Section			
Schedule A (Form 990) 2022								
Page 8 ———————————————————————————————————								
LACCOS HOIN ZO	·· · · · ·			l	Sche	edule A (Form 990) (202		
<ul><li>d Excess from 20</li><li>e Excess from 20</li></ul>								
c Excess from 20								
<b>b</b> Excess from 20	019							
a Excess from 20								
Breakdown of lin	ne 7:							
7 Excess distribution 3j and 4c.	utions carryover to 20	<b>)23.</b> Add lines						
lines 3h and 4b	rdistributions for 2022.  of from line 1. If the amo  ain in <b>Part VI</b> . See insti	ount is greater						
If the amount is See instructions	rdistributions for years pubtract lines 3g and 4a f s greater than zero, exp s.	from line 2.						
2022, if any. Sι	otract lines 4a and 4b fro	om line 4.						
Remaining under 2022, if any. Su								
c Remainder. Sub Remaining under 2022, if any. Su	2 distributable amount							

efile Public Visual Render	ObjectId: 2024106593493015	06 - Submission: 2024-03	3-05		TIN: 86-6057789		
Schedule B	Sched	lule of Contribut	ors		OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service	Department of the Treasury Go to www.irs.gov/Form990 for the latest information.						
Name of the organization ASSISTANCE LEAGUE OF TUC	SON INC			Employer id	lentification number		
Organization type (check o	ne):			86-6057789			
Filers of:	Section:						
Form 990 or 990-EZ							
FOIII 990 01 990-EZ	☐ 501(c)( ) (enter number)	organization					
	☐ 4947(a)(1) nonexempt ch	aritable trust <b>not</b> treated	as a private founda	tion			
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private	foundation					
	4947(a)(1) nonexempt ch	aritable trust treated as a	private foundation				
	☐ 501(c)(3) taxable private foundation						
Oh alaifa an ann aire tian is	and the the Comment Bulls	n - On - sial Bula					
	s covered by the <b>General Rule</b> of (7), (8), or (10) organization can		General Rule and	a Special Rule	e. See instructions.		
General Rule							
For an organization money or other procontributions.	n filing Form 990, 990-EZ, or 990 perty) from any one contributor.	-PF that received, during Complete Parts I and II. S	the year, contributi See instructions for	ons totaling \$ determining a	5,000 or more (in a contributor's total		
Special Rules							
under sections 509(a received from any or	described in section 501(c)(3) fili a)(1) and 170(b)(1)(A)(vi), that ch ne contributor, during the year, to n, or (ii) Form 990-EZ, line 1. Co	ecked Schedule A (Form tal contributions of the gr	n 990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that		
during the year, total	described in section 501(c)(7), (8 contributions of more than \$1,0 prevention of cruelty to children	00 exclusively for religiou	ıs, charitable, scient	eived from any tific, literary, o	y one contributor, r educational		
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8 ributions exclusively for religious I, enter here the total contribution lete any of the parts unless the etc., contributions totaling \$5,00	, charitable, etc., purposens that were received dur General Rule applies to t	es, but no such con ring the year for an this organization be	tributions tota exclusively re cause it recei	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>		
990-EZ, or 990-PF), but it m	at isn't covered by the General F u <b>st</b> answer "No" on Part IV, line line 2, to certify that it doesn't m	2, of its Form 990; or che	eck the box on line I	H of its Form 9			
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF			Cat. No. 30613X	Sch	edule B (Form 990) (2022)		
		—— Page 2 ———					
		. 2 <b>30 -</b>					
Schedule B (Form 990) (202	22)			Page <b>2</b>			
	,		1		<del></del>		

Name of organization

Employer identification number

00-0037	100

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		\$ RESTRICTED	Payroll
		ΨNEOTHIOTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	_		Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule E	(Form 990) (2022)		Page <b>3</b>
Name of org		Employer identificati	
		86-6057789	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	1
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$_	
Schedule	B (Form 990) (2022)	Page 4 ————			Page <b>4</b>
Name of o	rganization CE LEAGUE OF TUCSON INC				tification number
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) e total of exclusively religious, tructions.) ► \$	scribed in sect through (e) a	nd the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-		(e) Transfer of gif			
	Transferee's name, address, and a			of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gif ZIP 4		of transferor to	transferee
(a)	(h) Purnose of aift	(c) Use of aift		(d) Descrin	ntion of how aift is hold

/26/24, 1:45 PM		ince League Of Tucson Inc - Full Filing-	·
Part I	(5) . 4. 5000 0. 9	(0) 000 01 9110	(a) Secondarion or non girt to note
—	_		_
	Transferee's name, address, and z	(e) Transfer of gift	ationship of transferor to transferee
	manorece e name, address, and 2		anonomp of transfer to transfer to
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and z	(e) Transfer of gift	ationship of transferor to transferee
_	Transieree's fiame, address, and 2	LIF 4 NGIA	monship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	al Data		Return to Form

efile Public Visual Render

ObjectId: 202410659349301506 - Submission: 2024-03-05

TIN: 86-6057789

**SCHEDULE D** 

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public

	me of the organization	1990 for instructions and the latest info	Employer identification number
	SISTANCE LEAGUE OF TUCSON INC		
D-		and from the condition Circuits a formation	86-6057789
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		or Accounts.
	complete if the organization answered Te	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	be used only for
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	or education) $\square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the fo	rm of a conservation
_	easement on the last day of the tax year.	quantities (0.150) (0.150)	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	* *	2c
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register	red after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	·	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and
Da:	the organization's accounting for conservation easemen t III Organizations Maintaining Collections		ner Similar Assets
- 01	Complete if the organization answered "Ye		ici Cilillai A33Ct3.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:		
(	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fina	· ———
а	Revenue included on Form 990, Part VIII, line 1	•	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

https://projects.propublica.org/nonprofits/organizations/866057789/202410659349301506/full

Schedule D (Form 990) 2022

_			_
ப	$\neg$		

	dule D (	(Form 990) 2022										Page
Part	III	Organizations Ma	aintaining Col	lections o	of Art, Histori	ical Tre	asures,	or Othe	r Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply):		n, and other	·	any of th	e followir	ng that are	a significant u	se of its coll	ection	
a		Public exhibition			d		oan or ex	change pr	ograms			
b		Scholarly research			е		other				••	
С		Preservation for future	e generations									
4	Provid Part X	le a description of the III.	organization's col	lections and	explain how the	ey further	r the orga	anization's	exempt purpo	se in		
5	During assets	g the year, did the orga s to be sold to raise fur	anization solicit or nds rather than to	receive do be maintai	nations of art, h ned as part of th	istorical t ne organi:	reasures zation's c	or other si ollection?.	imilar 	☐ Yes		lo
Par	t IV	Escrow and Cust Complete if the ord line 21.			" on Form 990	, Part IV	/, line 9,	or report	ted an amou	nt on Form	990,	Part X,
1a		organization an agent ed on Form 990, Part X								☐ Yes		lo
b	If "Yes	s," explain the arrange	ement in Part XIII	and comple	te the following	table:			Α	mount		_
c	Begini	ning balance						1c				
d	Additi	ons during the year .						1d				
e	Distrib	outions during the year	r					1e				_
f	Ending	g balance						1f				_
2a	Did th	e organization include	an amount on Fo	rm 990, Par	t X, line 21, for	escrow o	r custodi	al account	liability?	☐ Yes	$\square$ N	lo
b	If "Yes	s," explain the arrange	ment in Part XIII.	. Check here	e if the explanat	ion has b	een prov	ided in Par	t XIII			
Pai	rt V	Endowment Fund										
		Complete if the or	ganization ansv						L (4) Thurs			
la '	Beainni	ng of year balance .		(a) Currer	it year (b) F	Prior year	(c) IV	vo years bac	k (a) inree yea	ars back (e) F	our yea	irs back
	_	utions										
		estment earnings, gair	ns, and losses									
		or scholarships	•									
e (	Other e	expenditures for facilitie										
f ,	Adminis	strative expenses .										
g i	End of	year balance										
2	Provid	le the estimated perce	ntage of the curre	ent year end	l balance (line 1	g, columr	n (a)) hel	d as:		I		
а	Board	designated or quasi-e	ndowment 🕨	•		-						
b	Perma	nent endowment 🕨										
С	Term (	endowment 🕨										
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%.							
3a		ere endowment funds ization by:	not in the posses	sion of the	organization tha	t are held	d and adr	ninistered	for the		Yes	No
	-	related organizations								3a(i)	163	110
	. ,	elated organizations								3a(ii)		
b	If "Yes	s" on 3a(ii), are the rel	ated organization	s listed as r	equired on Sche	edule R?				3b		
ı	Descri	ibe in Part XIII the inte	ended uses of the	organizatio	n's endowment	funds.						
Par	t VI	Land, Buildings,										
	Descrir	Complete if the orgotion of property	ganization answ (a) Cost or oth		(b) Cost or other				orm 990, Par d depreciation		ok value	Δ
	Descrip	otion of property	(investme		(2) 5555 57 54716.	545.5 (64.1		71000111010101	a depressation	(4) 50	on valu	_
la '	and					436,	616					436,616
		 gs				2,206,			1,510,509			695,709
- '	_	old improvements				126,			94,435			32,495
c I		•	1				1		, .55			, .50
	Equinm	ent .										<u>-</u>
d I		ent										

Schedule D (Form 990) 2022

Page **3** 

Complete if the organization answered "Yes" on Form 990, I  (a) Description of security or category  (including name of security)	(b) Book		(c) Method of valuation: t or end-of-year market value
	value		,
1) Financial derivatives			
3)Other			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
н)			
	•		
<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See Fo	
(a) Description			(b) Book value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
Total (Column (h) must equal Form 990 Part Y col (R) line 15 )			<b>≥</b>
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.		<u></u>	•

-,	24, 1:45 PM Assistance League Of Tucson Inc - Full Filing- No	nprofit Explorer - ProPu	ıblica
			<del></del>
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)		-1
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's		
jan	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the		e D (Form 990) 2022
		Schedule	3 (101111 990) 2022
	Page 4		
	dule D (Form 990) 2022		Page <b>4</b>
ar	<b>Reconciliation of Revenue per Audited Financial Statements With Reve</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	enue per Return.	
	Total revenue, gains, and other support per audited financial statements	. 1	1,302,229
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
1	Net unrealized gains (losses) on investments	4,546	
,	Donated services and use of facilities	,	
:	Recoveries of prior year grants		
i	Other (Describe in Part XIII.) 2d		
•	Add lines <b>2a</b> through <b>2d</b>	2e	4,546
	Subtract line <b>2e</b> from line <b>1</b>	3	1,297,683
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
•	Other (Describe in Part XIII.) 4b		
2	Add lines <b>4a</b> and <b>4b</b>	4c	0
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,297,683
ar	XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	т. т	
	Total expenses and losses per audited financial statements	. 1	1,123,160
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
i	Other (Describe in Part XIII.)		0
•	Add lines <b>2a</b> through <b>2d</b>	2e 3	1,123,160
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.   3	1,123,100
	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
	Other (Describe in Part XIII.)		
	Outer (Describe III Fall Alli.)		0
•		1.4.	
b	Add lines <b>4a</b> and <b>4b</b>	. 4c	
b c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	1,123,160
rov	Add lines <b>4a</b> and <b>4b</b>	<b>5</b> and 2b; Part V, line 4;	1,123,160
b c	Add lines 4a and 4b	<b>5</b> and 2b; Part V, line 4;	1,123,160

Auuitiviiai vata

**keturn to Form** 

efile Public Visual Render

ObjectId: 202410659349301506 - Submission: 2024-03-05

TIN: 86-6057789 OMB No. 1545-0047

**SCHEDULE G** (Form 990)

# **Supplemental Information Regarding**

,	Complete if the organiza	ation answered "Yes" o tion entered more than	Gaming Activi on Form 990, Part IV, lines : 1 \$15,000 on Form 990-EZ, I	17, 18, or 19, or if the	2022 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.		990 or Form 990-EZ. nstructions and the latest ir	nformation.	Inspection
Name of the organization ASSISTANCE LEAGUE OF T	UCSON INC			<b>Employer id</b> 86-6057789	entification number
Part I Fundraisin	<b>g Activities.</b> Complete if	the organization	answered "Ves" on F	<u> </u>	17
	Z filers are not required t	_		orm 550, raic iv, line	17.
1 Indicate whether the	e organization raised funds th	nrough any of the fo	llowing activities. Check	all that apply.	
a Mail solicitations		e	Solicitation of nor	-government grants	
<b>b</b> Internet and ema	ail solicitations	f	Solicitation of gov	ernment grants	
<b>c</b> Phone solicitation	ns	g	Special fundraisin	g events	
<b>d</b> In-person solicita			<u> </u>	<b>5</b>	
2a Did the organization	have a written or oral agree ted in Form 990, Part VII) or			raising somuleos?	es 🗆 No
	nighest paid individuals or en at least \$5,000 by the organi		pursuant to agreements		
(i) Name and address of i or entity (fundraise		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
	the examination is registere		cit contributions or bas	agen notified it is evenut	from registration or
licensing.	the organization is registere	a or licerisea to soil	cit contributions of has i	geen notined it is exempt	Trom registration of
For Paperwork Reduction A	ct Notice, see the Instructions	for Form 990 or 990	D-EZ. Cat. No.	50083H <b>S</b>	chedule G (Form 990) 2022
Schodulo C (Farrer 000) 23	<b></b>	Pa	ge 2 —————		D=- **
Schedule G (Form 990) 20	122 <b>na Events</b> . Complete if th	ne organization a	nswered "Yes" on For	m 990 Part IV line 19	Page 2

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.

10/26	/24, 1:45 PM	Assistance League Of	Tucson Inc - Full Filing- No	nprofit Explorer - ProPubli	ca
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		OTHER EVENTS (event type)	FASHION SHOW FUNDRAISER (event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
Revenue					
	1 Gross receipts	12,066	31,283		43,349
	2 Less: Contributions	12,066	0 31,283		43,349
	4 Cash prizes				
ses	5 Noncash prizes				
Direct Expenses	<b>7</b> Food and beverages				
ξ E	8 Entertainment				
ă	9 Other direct expenses	9,630	12,807		22,437
	10 Direct expense summary. Add lines 4 t				22,437
Pai	<b>11</b> Net income summary. Subtract line 10 <b>rt III Gaming.</b> Complete if the orga				20,912
1 (1)	on Form 990-EZ, line 6a.	anización answered Te	3 011101111 990, 1 411 1		more than \$15,000
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Expenses	2 Cash prizes				
E P	3 Noncash prizes				
Direct	4 Rent/facility costs				
Ö	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul><li>☐ Yes</li></ul>	<ul><li>☐ Yes</li></ul>	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct gas If "No," explain:	aming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:				
					1
					chedule G (Form 990) 2022

Sche	dule G (Form 990) 2022						Page <b>3</b>
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	□No	
12	Is the organization a grantor, ben formed to administer charitable g		member of a partnership or other entity		Yes		
13	Indicate the percentage of gamin	g activity conducted in:			∪ res		
а	The organization's facility .			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and	d records:			,
	Name Name						
15a	Does the organization have a con	tract with a third party from who	m the organization receives gaming				
b		ning revenue received by the orga	anization 🕨 \$ and		_ 103		
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:						
а	Is the organization required unde retain the state gaming license?	r state law to make charitable dis	stributions from the gaming proceeds to				
b	3 3	required under state law distribu	ited to other exempt organizations or sper	 nt	☐ Yes	U No	
-	in the organization's own exempt	•					
Par			ions required by Part I, line 2b, colur icable. Also provide any additional in				s.
	Return Reference		Explanation				
		1	Sci	hedule G (F	orm 990) 2	022	
۸۵	lditional Data				D . 1		

**SCHEDULE M** 

(Form 990)

efile Public Visual Render

ObjectId: 202410659349301506 - Submission: 2024-03-05

**Noncash Contributions** 

TIN: 86-6057789

OMB No. 1545-0047

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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

**Open to Public** Inspection

	e of the organization STANCE LEAGUE OF TUCSON INC				Employe	r identificatio	n numbe	r
					86-60577	89		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> Method of dete cash contribution		ts
	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		785,84	4 FMV			
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .							
10 11	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
	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							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ▶ ()							
28	Other ► ()							
29	Number of Forms 8283 received by to for which the organization completed				29			
							Yes	No
30a	During the year, did the organization hold for at least three years from the	e date of th	ne initial contribution, and wh					
	purposes for the entire holding period	ou?				3	)a	No
b	If "Yes," describe the arrangement i	n Part II.						110
31	Does the organization have a gift ac	cceptance p	olicy that requires the review	v of any nonstandard contr	butions?	3	1 Yes	
32a	Does the organization hire or use the contributions?	ird parties	or related organizations to so	olicit, process, or sell nonce	ish • • •	. 3	2a Yes	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prope	erty for which column (a) is	checked,			
For P	aperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 51227J		Schedule M (F	orm 990)	(2022)

Page 2

Page 2

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.

Return Reference	Explanation
	THE THRIFT SHOP SOMETIMES RECEIVES DONATIONS OF BOOKS WHICH MIGHT NOT BE PURCHASED BY OUR THRIFT SHOP CUSTOMERS, BUT WHICH MIGHT BE PURCHASED THROUGH ANOTHER MARKET. THESE BOOKS ARE SOLD THROUGH FRIENDS OF THE PIMA COUNTY LIBRARY, AND WE RECEIVE A PERCENTAGE OF THE PROCEEDS. VALUABLE DONATIONS OF ART, ETC., ARE SOMETIMES SOLD THROUGH AUCTION HOUSES. IN FY 2022-2023, THESE SALES THROUGH OTHER PARTIES AMOUNTED TO \$7,016.

Schedule M (Form 990) (2022)

**Additional Data** 

**Return to Form** 

## Software ID: Software Version:

efile Public Visual Render

ObjectId: 202410659349301506 - Submission: 2024-03-05

TIN: 86-6057789

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ASSISTANCE LEAGUE OF TUCSON INC Employer identification number

86-6057789

	80-003/789
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	VOLUNTEER MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS VOTE FOR BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS VOTE TO APPROVE BYLAWS AND BUDGET.
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD WILL RECEIVE A COPY TO REVIEW AND THE FINANCE COMMITTEE WILL REVIEW AND COMPARE TO ACCOUNTANTS FINANCIAL STATEMENTS FROM AUDIT ENGAGEMENT.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ANNUALLY SIGN A STATEMENT SAYING THAT NO CONFLICTS OF INTEREST EXIST, OR DISCLOSE WHAT POTENTIAL CONFLICTS MAY ARISE. ALL NEW MEMBERS SIGN A CONFLICT OF INTEREST POLICY AGREEMENT WHEN COMPLETING ORIENTATION.
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST. FINANCIAL INFORMATION POSTED ON PUBLIC WEBSITE.
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 10,420. MANAGEMENT AND GENERAL EXPENSES 105,912. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 116,332.
an Danamusul, Dank	ction Act Notice see the Instructions for Form 990 or 990-F7 Cat No. 51056K Schedule O (Form 990) 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

**Return to Form**