

**A** For the 2017 calendar year, or tax year beginning 6/01, 2017, and ending 5/31, 2018

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

**C** NATIONAL ASSISTANCE LEAGUE  
 ASSISTANCE LEAGUE OF THE TRIANGLE AREA  
 PO BOX 98477  
 RALEIGH, NC 27624

**D** Employer identification number 56-2013094

**E** Telephone number 919-875-8901

**G** Gross receipts \$ 761,197.

**F** Name and address of principal officer:  
 SAME AS C ABOVE

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

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

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.ALTRIANGLE.ORG

**H(c)** Group exemption number 4176

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1997

**M** State of legal domicile: NC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSISTANCE LEAGUE® OF THE TRIANGLE AREA IS A VOLUNTEER ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF WOMEN, CHILDREN, AND FAMILIES IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	170
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	469,598.	480,986.
	9 Program service revenue (Part VIII, line 2g)	6,052.	6,566.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,249.	2,411.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,625.	3,506.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	479,524.	493,469.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	319,115.	325,729.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 83,898.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,737.	116,643.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	432,852.	442,372.	
19 Revenue less expenses. Subtract line 18 from line 12	46,672.	51,097.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 394,094.	End of Year 445,611.
	21 Total liabilities (Part X, line 26)	3,640.	4,060.
	22 Net assets or fund balances. Subtract line 21 from line 20	390,454.	441,551.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: MARY SHELTON  
 Date: \_\_\_\_\_  
 Title: TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: JAMES C BRILEY, JR  
 Preparer's signature: [Signature]  
 Date: 10/10/18  
 Check  if self-employed PTIN: P00547152

Firm's name: JAMES C. BRILEY, JR., CPA  
 Firm's address: PO BOX 1613  
 NEW BERN, NC 28563-1613  
 Firm's EIN: 56-1242276  
 Phone no.: 252-633-5400

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