Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 6/01/2018, and ending 5/31/2019

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

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

G Gross receipts $ 753,498.

H Are there a group return for subsidiaries? Yes □ No □
H Are all subsidiaries included? Yes □ No □

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

J Website: WWW.ATRIANGLE.ORG

K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation: 1997

M State of legal domicile: NC

Part I Summary

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 ☐ 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 10

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 2018 (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 38 ......................................................... 7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h) .......................................................................................... 480,986 480,643

9 Program service revenue (Part VIII, line 2g) .......................................................................................... 6,566 5,723

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .............................................................. 2,411 4,073

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .............................................. 3,506 1,531

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) ......................... 493,469 491,970

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ......................................................... 325,729 326,279

14 Benefits paid to or for members (Part IX, column (A), line 4) ................................................................. 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ............................. 0 0

16a Professional fundraising fees (Part IX, column (A), line 11e) .............................................................. 0 0

b Total fundraising expenses (Part IX, column (D), line 25) □ 88,075 □

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ............................................................... 116,643 131,927

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ........................................ 442,372 458,206

19 Revenue less expenses. Subtract line 18 from line 12 ....................................................................... 51,097 33,764

Expenses

Net Assets or Fund Balance

20 Total assets (Part X, line 16) ................................. 445,611 481,117

21 Total liabilities (Part X, line 26) ........................... 4,060 5,802

22 Net assets or fund balances. Subtract line 21 from line 20 ................................................................. 441,551 475,315

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] ____________________________ Date ____________________________

TREASURER

Type or print name and title

DONNA WOOSTER

Preparer’s name

JAMES C BRILEY, JR

Paid Preparer Use Only

Preparer’s signature

Check ☑ if self-employed

PTIN P00547152

Phone no. 252-633-5400

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/20/18

Form 990 (2018)