Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 6/01, 2000, and ending 5/31, 2001

B Check if applicable
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use IRS label or print or type See Specific Instructions

C
ASSISTANCE LEAGUE OF ESCONDIDO VALLEY
P.O. BOX 3185
ESCONDIDO, CA 92033

D Employer identification number: 95-3768372

E Telephone number: 760 745-1569

F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 527 OR ☐ 4947(a)(1)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data

Some states require a complete return

Note H and I are not applicable to section 527 orgs

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (if "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	265,728	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 265,728 noncash $)			1d 265,728
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 14,581
	4	Interest on savings and temporary cash investments			4 34,804
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
		(A) Securities / (B) Other			
	8a	Gross amount from sales of assets other than inventory	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule) SEE STATEMENT 1			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	119,705	
	b	Less direct expenses other than fundraising expenses	9b	74,905	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 44,800
	10a	Gross sales of inventory, less returns and allowances	10a	136,432	
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) SEE STM 2			10c 136,432
	11	Other revenue (from Part VII, line 103)			11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 496,345
EXPENSES	13	Program services (from line 44, column (B))			13 115,703
	14	Management and general (from line 44, column (C))			14 75,483
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 191,186
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 305,159
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 944,217
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 1,249,376

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att. sch) (cash $ ____ non cash $ ____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	1,885		1,885	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	3,424	858	2,566	
36 Occupancy	36	1,585		1,585	
37 Equipment rental and maintenance	37	2,641	880	1,761	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	4,156		4,156	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	13,686	4,562	9,124	
43 Other expenses (itemize) a STATEMENT 3	43a	163,809	109,403	54,406	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 thru 43 Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44	191,186	115,703	75,483	0

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ____ , (ii) the amount allocated to Program services $ ____ , (iii) the amount allocated to Management and general $ ____ , and (iv) the amount allocated to Fundraising $ ____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶ ____

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a SEE STATEMENT 4

(Grants and allocations $ 0) 115,703

b ____

(Grants and allocations $ ____)

c ____

(Grants and allocations $ ____)

d ____

(Grants and allocations $ ____)

e Other program services (attach schedule) (Grants and allocations $ ____)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 115,703

Part IV **Balance Sheets** (See Specific Instructions on page 23)

	Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing				45	
	46 Savings and temporary cash investments			563,960	46	828,439
	47 a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48 a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	45,050
	50 Receivables from officers, directors, trustees, and key employees (attach sch)				50	
	51 a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			32,889	52	25,459
	53 Prepaid expenses and deferred charges				53	
	54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57 a Land, buildings, and equipment. basis	57a	457,010			
	b Less accumulated depreciation (attach schedule) STMT 5	57b	95,818	357,879	57c	361,192
	58 Other assets (describe ▶ SEE STATEMENT 6)			5,505	58	5,320
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			960,233	59	1,265,460
LIABILITIES	60 Accounts payable and accrued expenses			1,711	60	1,549
	61 Grants payable				61	
	62 Deferred revenue			14,305	62	14,535
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities** (add lines 60 through 65)			16,016	66	16,084
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			879,869	67	985,865
	68 Temporarily restricted			64,348	68	263,511
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			944,217	73	1,249,376
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			960,233	74	1,265,460

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements	a	571,250
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recovenes of pnor year grants $		
	(4) Other (specify) SEE STM 7 $ 74,905		
	Add amounts on lines (1) through (4)	b	74,905
c	Line a minus line b	c	496,345
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	496,345

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	266,091
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Pnor year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) SEE STMT 8 $ 74,905		
	Add amounts on lines (1) through (4)	b	74,905
c	Line a minus line b	c	191,186
d	Amounts included on line 17, Form 990 but not on line a.		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	191,186

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BONNIE BERGER P O BOX 3185 ESCONDIDO, CA 92033	PRESIDENT VOLUNTEER	0	0	0
SHIRLEY WINTER P O BOX 3185 ESCONDIDO, CA 92033	VICE PRESIDEN VOLUNTEER	0	0	0
GLADYS BERNABEI P O BOX 3185 ESCONDIDO, CA 92033	ASS TREASURER VOLUNTEER	0	0	0
PAT BONNER P O BOX 3185 ESCONDIDO, CA 92033	COR SEC VOLUNTEER	0	0	0
JOANNE SCHUTZ P O BOX 3185 ESCONDIDO, CA 92033	TREASURER VOLUNTEER	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule - see Specific Instructions on page 26 ▶ ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26)

			N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a			X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt OR ☐ nonexempt.				
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a: 0				
b	Did the organization file Form 1120-POL for this year?	81b			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a			X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) — 82b: N/A				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members — 85c: N/A				
d	Section 162(e) lobbying and political expenditures — 85d: N/A				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A				
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A	
86	501(c)(7) organizations Enter				
a	Initiation fees and capital contributions included on line 12 — 86a: N/A				
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A				
87	501(c)(12) organizations Enter				
a	Gross income from members or shareholders — 87a: N/A				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 30 7701-3? If "Yes," complete Part IX	88			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b			X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter Amount of tax in 89c, above, reimbursed by the organization ▶ 0				
90a	List the states with which a copy of this return is filed ▶ CALIFORNIA				
b	Number of employees employed in the pay period that includes March 12, 2000 (See Instructions)	90b	0		
91	The books are in care of ▶ JOANNE SCHUTZ Telephone no ▶				
	Located at ▶ P O BOX 3185, ESCONDIDO, CA ZIP code ▶ 92033				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					14,581
95 Interest on savings & temporary cash investments			14	34,804	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events			3	44,800	
102 Gross profit or (loss) from sales of inventory					136,432
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				79,604	151,013
105 **Total** (add line 104, columns (B), (D), and (E))				▶	230,617

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	ASSESSMENTS AND REIMBURSEMENT FOR MEMBERSHIP MEETINGS AND LUNCHES USED TO DISCUSS AND FORMULATE LEAGUE ACTIVITIES
102	THRIFT SHOP PROVIDES LOW INCOME COMMUNITY WITH A PLACE TO PURCHASE QUALITY USED CLOTHING AND ALSO PROMOTE GOODWILL

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my [illegible]ion of preparer (other than officer) is based on all information of which preparer [illegible] page 14)

11/22/01 — Date

JOANNE M SCHUTZ TREASURER — Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2000

Name of the organization

ASSISTANCE LEAGUE OF ESCONDIDO VALLEY

Employer identification number

95-3768372

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ N/A			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee majority owner, or principal beneficiary			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships fellowships, student loans, etc ?	3		X
4a	*Do you have a section 403(b) annuity plan for your employees?*	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions–subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	59,458	49,761	30,272	32,355	171,846
16 Membership fees received	13,595	13,313	13,342	12,685	52,935
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization s charitable, etc , purpose	133,492	121,482	106,006	103,646	464,626
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)) rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,224	22,579	21,535	16,764	83,102
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a sch Do not include gain or (loss) from sale of capital assets SEE ST 9.	21,412	10,513	37,492	42,325	111,742
23 Total of lines 15 through 22	250,181	217,648	208,647	207,775	884,251
24 Line 23 minus line 17	116,689	96,166	102,641	104,129	419,625
25 Enter 1% of line 23	2,502	2,176	2,086	2,078	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 . . . N/A ▶ **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person " Enter the sum of such amounts for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add Amounts from column (e) for lines 15 171,846 16 52,935 17 464,626 20 _____ 21 _____ ▶ **27c** 689,407

d Add Line 27a total 0 and line 27b total 0 ▶ **27d** 0

e Public support (line 27c total minus line 27d total) ▶ **27e** 689,407

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ **27f** 884,251

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 77.97%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 9.40%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

Part V **Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No	N/A
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31			
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)				
32	Does the organization maintain the following				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)				
33	Does the organization discriminate by race in any way with respect to				
a	Students' rights or privileges?	33a			
b	Admissions policies?	33b			
c	Employment of faculty or administrative staff?	33c			
d	Scholarships or other financial assistance?	33d			
e	Educational policies?	33e			
f	Use of facilities?	33f			
g	Athletic programs?	33g			
h	Other extracurricular activities?	33h			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			
b	Has the organization's right to such aid ever been revoked or suspended?	34b			
	If you answered "Yes" to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the Instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ a ☐ if the organization belongs to an affiliated group

Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the Instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 9 of the Instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a nonchantable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a nonchantable exempt organization	b(i)		X
(ii) Purchases of assets from a nonchantable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization	Employer identification number
ASSISTANCE LEAGUE OF ESCONDIDO VALLEY	95-3768372

Organization type (check one) - Section ☒ 501(c)(3) ◀ (enter number), ☐ 527 or
☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than $1,000 during the year (But see **General rule** below) . . . . . ▶☐

Enter here the total gifts received during the year for a religious, charitable, etc , purpose ▶ $

Note: This form is generally not open to public inspection except for section 527 organizations.

Name of organization: ASSISTANCE LEAGUE OF ESCONDIDO VALLEY

Employer identification number: 95-3768372

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		$ 176,553	☒ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)
2		$ 11,048	☒ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)
3		$ 7,500	☒ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)
4		$ 21,000	☒ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)
5		$ 20,000	☒ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)
___		$	☐ Individual ☐ Payroll ☐ Noncash (Complete Part II if a noncash contribution)

Name of organization: ASSISTANCE LEAGUE OF ESCONDIDO VALLEY

Employer identification number: 95-3768372

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: ASSISTANCE LEAGUE OF ESCONDIDO VALLEY

Employer identification number: 95-3768372

Part III Section 501(c)(7), (8), or (10) organizations that received more than $1,000 in charitable gifts during the year-

● Enter the total gifts that were from contributors who gave $1,000 or less during the year for a religious, charitable, etc , purpose (see instructions) . . . . ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

ASSISTANCE LEAGUE OF ESCONDIDO VALLEY 95-3768372

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS:
A) ANNUAL EVENTS
B) SCRIPT AND OTHERS
C)
OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	$ 111,712	7,993		0	119,705
LESS: CONTRIBUTIONS	0	0		0	0
GROSS REVENUE	111,712	7,993		0	119,705
LESS: DIRECT EXPENSES	73,520	1,385		0	74,905
NET INCOME (LOSS)	$ 38,192	6,608		0	44,800

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

ITEMS SOLD	AMOUNT
THRIFT SHOP SALES	$ 136,432
GROSS SALES	$ 136,432
LESS RETURNS & ALLOWANCES	$ 0
NET SALES	$ 136,432
LESS: COST OF GOODS SOLD	$ 0
GROSS PROFIT FROM SALES OF INVENTORY	$ 136,432

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ALL OTHER	$ 23,239	3,067	20,172	
INSURANCE	5,146	1,715	3,431	
MEMBERSHIP FUNCTIONS	3,226		3,226	
NATIONAL DUES	7,483		7,483	
SPECIFIC PROGRAMS	110,986	100,045	10,941	
UTILITIES	13,729	4,576	9,153	
TOTAL	$ 163,809	109,403	54,406	0

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OPERATION SCHOOL BELL : SCHOOL CLOTHES DONATED TO 1,269 CHILDREN FROM LOCAL SCHOOLS	$ 0	95,984
KIDS ON THE BLOCK : SPECIALLY TRAINED MEMBERS PERFORMING PUPPET SHOWS TO OVER 1,500 CHILDREN IN LOCAL SCHOOLS TO TEACHTHEM HOW TO DEAL WITH DISABLED PEERS.	0	991
BOOKS AND BEYOND : A READING INCENTIVE PROGRAM WHICH HELPED 120 CHILDREN.	0	10,156
MISCELLANEOUS PROGRAMS, INCLUDES HUG-A-BEAR PROGRAM GIVING TEDDY BEARS TO TRAUMA VICTIMS, WOMEN HELPING WOMEN PROGRAM FOR ABUSED WOMEN, AND SPECIAL FRIENDS PROGRAM TO VISIT, ENTERTAIN, AND HONOR BIRTHDAYS OF ELDERLY NURSING HOME PATIENTS.	0	8,572
	$ 0	115,703

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	$ 71,166	0	71,166
BUILDINGS	233,844	0	233,844
LAND	135,000		135,000
MISCELLANEOUS	17,000	95,818	-78,818
TOTAL	$ 457,010	95,818	361,192

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

	ENDING
DEPOSITS	$ 100
PREPAID NATIONAL DUES	5,220
TOTAL	$ 5,320

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSE	$ 74,905
TOTAL	$ 74,905

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES	$ 74,905
TOTAL	$ 74,905

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
OTHER INCOME	$ 21,412	$ 10,513	$ 37,492	$ 42,325	$ 111,742
TOTAL	$ 21,412	$ 10,513	$ 37,492	$ 42,325	$ 111,742

Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions

Name of Exempt Organization	Employer Identification Number
ASSISTANCE LEAGUE OF ESCONDIDO VALLEY	95-3768372

Number Street, and Room or Suite Number If a P O Box see instructions
P.O. BOX 3185

City Town or Post Office For a foreign address see instructions — State — ZIP Code
ESCONDIDO, CA 92033

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . ▶ [ ] If it is for part of the group, check this box. ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 1/15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning 6/01, 20 00, and ending 5/31, 20 01

2 If this tax year is for less than 12 months check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . $ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . $ 0

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ _____ Date ▶ _____

KFA For Paperwork Reduction Act Notice, see Instructions Form **8868** (12-2000)