See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jun 1 , 2009, and ending May 31 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ASSISTANCE LEAGUE OF CHAVES COUNTY, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1324

City or town, state or country, and ZIP + 4
ROSWELL NM 88202-1324

D Employer identification number
23-7144280

E Telephone number
(575) 622-5255

F Group Exemption Number ►

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

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 132,692.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	57,976.
	2	Program service revenue including government fees and contracts		2	166.
	3	Membership dues and assessments		3	15,568.
	4	Investment income		4	1,336.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 3,357. of contributions reported on line 1)	6a 3,357.		
	b	Less: direct expenses other than fundraising expenses	6b 270.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,087.
	7a	Gross sales of inventory, less returns and allowances	7a 54,289.		
	b	Less cost of goods sold	7b 54,289.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.
	8	Other revenue (describe ►)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	78,133.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	0.
	11	Benefits paid to or for members		11	0.
	12	Salaries, other compensation, and employee benefits		12	0.
	13	Professional fees and other payments to independent contractors		13	1,926.
	14	Occupancy, rent, utilities, and maintenance		14	1,122.
	15	Printing, publications, postage, and shipping		15	322.
	16	Other expenses (describe ► See Other Expenses Statement)		16	87,131.
	17	**Total expenses.** Add lines 10 through 16 ►		17	90,501.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-12,368.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	303,843.
	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 through 20 ►		21	291,475.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	156,971.	22	157,542.
23 Land and buildings	85,389.	23	81,417.
24 Other assets (describe ► See L-24 Stmt)	65,888.	24	60,141.
25 **Total assets**	308,248.	25	299,100.
26 **Total liabilities** (describe ►)	4,405.	26	7,625.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	303,843.	27	291,475.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SERVICES TO THE UNDERPRIVILEDGED

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 OPERATION SCHOOL BELL - PROVIDED UNIFORMS, SHOES & OTHER CLOTHING TO 618 ELEMENTARY SCHOOL CHILDREN

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 28a 47,606.

29 "KIDS ARE PRETTY SPECIAL" PROJECT SUPPLIES DIAPERS, WIPES, CAR SEATS AND CLOTHING TO CHILDREN SERVED BY CASA

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 29a 2,783.

30 DONATIONS TO VARIOUS COMMUNITY NEEDS PROGRAMS

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 30a 6,250.

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 56,639.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST NO ONE IS COMPENSATED ALL - ROSWELL NM 88201	VARIOUS 10.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► New Mexico

42a The organization's books are in care of ► Penny Thigpen Telephone no ► (575) 623-2534

Located at ► PO Box 1324 Roswell NM ZIP + 4 ► 88202-1324

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Jean Maley — Signature of officer — Date 1-14-11

► JEAN MALEY — Type or print name and title — PRESIDENT

Paid Preparer's Use Only

Preparer's signature ►	Bonnie Bitzer, CPA	Date 01/10/11	Check if self-employed ► ☐
			Preparer's Identifying Number (See instructions) P21222122
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	BONNIE BITZER, CPA, PC 200 W TILDEN ROSWELL NM 88203		EIN 85-0465311 Phone no ► (575) 623-0396

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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.** ► **See separate instructions.**

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ASSISTANCE LEAGUE OF CHAVES COUNTY, INC.	23-7144280

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state·

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ 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 exempt 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii)	a family member of a person described in (i) above?	11 g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 **Total.** 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 shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test — 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . ► ☐

b **33-1/3 support test — 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test — 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	58,654.	70,014.	63,846.	79,437.	77,067.	349,018.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	67,263.	58,931.	53,458.	55,434.	54,289.	289,375.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	125,917.	128,945.	117,304.	134,871.	131,356.	638,393.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						638,393.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	125,917.	128,945.	117,304.	134,871.	131,356.	638,393.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	5,781.	7,271.	4,201.	-1,374.	1,336.	17,215.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,781.	7,271.	4,201.	-1,374.	1,336.	17,215.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						655,608.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.37%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.19%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	2.63%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	2.81%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
ASSISTANCE LEAGUE OF CHAVES COUNTY, INC.	23-7144280

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORIES	61,608.	53,899.
PREPAID EXPENSES	4,280.	6,242.
Totals to Form 990-EZ, Part II, line 24	65,888.	60,141.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
PROGRAM SERVICES	56,639.
THRIFT SHOP OPERATIONS	11,879.
NAL DUES	7,170.
OFFICE SUPPLIES	1,134.
NATIONAL CONFERENCES & MEETINGS	4,934.
Depreciation	4,766.
LOSS ON DISPOSAL OF ASSET	61.
INDIRECT FUND RAISING EXPENSE	548.
Total	87,131.

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
INTEREST FROM SAVINGS ACCOUNTS	119.
NET UNREALIZED GAINS ON INVESTMENT	1,217.
Total	1,336.

Assistance League of Chaves County, Inc.
Board of Directors
2010-2011

Jean Maley	President
Karen Sims	1st Vice President
Dixie Floyd	2nd Vice President
Linda Rhodes	3rd Vice President
Linda Bergman	Recording Secretary
Anita Smith	Corresponding Secretary
Penny Thigpen	Treasurer
Connie James	Las Lianas Liaison Officer
Loris DeKay and Brenda Jaquess	School Bell Chairmen
Judy Johnstone	Thrift Store Chairman
Cheri Burson	Assisteens Coordinator
Sue Evans	Property Chairman
Lynn Allensworth	Public Relations Chairman
Bettie Lou Cheney	Education Chairman
Helen Alpers	New Member Orientation Chairman
Carol Orr	Strategic Planning Chairman

ASSISTANCE LEAGUE OF CHAVES COUNTY ATTACHMENT TO FORM 990EZ
ASSET DEPRECIATION SCHEDULE **EIN: 23-7144280**
FOR YEAR ENDED MAY 31, 2010 **METHOD - Straight Line**

DATE	ASSET	LIFE	COST/BASIS	ACCUMULATED DEPRECIATION BEGIN	CURRENT	END
FURNITURE & FIXTURES - CHAPTER HOUSE						
4/15/1984	CHAIRS & TABLE	5	463.68	463 68		463 68
4/15/1984	FULLY DEPR ASSETS	5	5,270 86	5,270 86		5,270 86
7/15/1986	FANS	15	2,026.45	2,026.45		2,026 45
7/10/1988	REFRIGERATOR	7	489 00	489 00		489 00
11/6/1989	CHAIRS	5	612.00	612 00		612 00
3/5/1990	RECOVER CHAIRS	5	280 00	280 00		280 00
4/27/1990	WINDOW TREATMENT	5	758.13	758 13		758 13
9/30/1990	FURNACE	7	2,040 93	2,040.93		2,040 93
5/8/1991	CHAIRS	7	436 00	436.00		436 00
6/18/1997	2 AIR COND/FURNACE	7	6,214.68	6,214.68		6,214 68
5/11/1998	WELL WATER PUMP	7	462.30	462 30		462 30
10/12/2002	COMPUTER DESK	5	349 90	349 90		349 90
11/27/2007	COLOR LASER COPY/FAX/PR	7	699 97	150 00	100.00	250 00
1/28/2008	531 COMPUTER -donated by WW.	5	1,375 57	366 81	275.11	641 92
	total furniture & fixtures		21,479.47	19,920 74	375.11	20,295 85
CHAPTER HOUSE						
6/1/1979	LAND -	XX	4,453 74	-	-	-
6/1/1979	LEAGUE HOUSE	40	17,814.93	13,361 35	445.37	13,806 72
11/15/1983	PAVEMENT IMPROVMT	15	1,493.00	1,493.00	-	1,493 00
3/2/1990	REMODELING	15	3,440.00	3,440.00		3,440 00
3/2/1990	CARPET & TILE	15	4,475.00	4,475.00		4,475 00
6/1/2001	WATER LINE	15	548.48	292.56	36 57	329 13
11/13/2001	ENTRACE DOOR & WINDOWS	15	1,075.00	553 95	71 67	625.62
10/11/2002	ELECTRICAL WIRING	15	491.81	218.60	32 79	251 39
8/26/2003	OFFICE CABINETS & SHELVES	15	3,219.00	1,233.95	214.60	1,448 55
11/21/2003	FENCE	15	2,172.60	796.62	144 84	941 46
5/25/2004	OSB SHELVING	15	2,995.00	998.35	199.67	1,198 02
	total chapter house		42,178 56	26,863.38	1,145.50	28,008 88
THRIFT SHOP						
6/30/1990	LAND	XX	19,051 86	-	-	-
6/30/1990	100 N UNION	40	76,207.41	36,198.61	1,905.19	38,103 80
10/22/1992	FURNACE/AIR CONDITIONER	7	7,495.91	7,495.91	-	7,495 91
10/17/1993	HOT WATER HEATER	7	294.00	294.00	-	294 00
1/6/2001	CARPET	15	4,135.71	2,320 56	275 71	2,596 27
4/14/2001	WINDOW TINTING	15	1,909.05	1,039.37	127 27	1,166 64
12/13/2002	NEW ELECTRICAL WIRING	15	677.52	293.60	45 17	338 77
12/15/2003	SHELVING	7	282.49	262.34	40 36	302 70

DATE	ASSET	LIFE	COST/BASIS	ACCUMULATED DEPRECIATION BEGIN	CURRENT	END
3/12/2003	**SIGN Disposed 6/1/10**	**7**	***319.50***	***239.61***	***19.02***	***258.63***
8/13/2004	REMODELING - PRICING ROOM	15	725.00	233.60	48.33	281 93
2/11/2005	RACKS & SHELVING	7	1,170.00	724.27	167 14	891 41
3/22/2005	EXPANSION OF BUILDING	16	5,400.00	1,410.00	337 50	1,747 50
5/14/2005	IN STORE SAFE	7	860 00	501.68	122.86	624 54
8/12/2005	STORE ADDITION	16	1,375.59	329 56	85 97	415 53
6/1/2010	SIGN	7	854.76	-	71 23	71 23
	total thrift shop		120,758.80	51,343 11	3,245.75	54,588 86

	LIFE	COST/BASIS	ACCUMULATED DEPRECIATION BEGIN	CURRENT	END
Total - Assistance League - BEFORE disposal		**184,416.83**	**98,127.23**	**4,766.36**	**102,893.59**
		(319.50)			(258 63)
TOTALS - AFTER DISPOSAL		**184,097.33**	**98,127.23**	**4,766.36**	**102,634.96**