

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public Inspection Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

A For the 2013 calendar year, or tax year beginning JUN 1, 2013 and ending MAY 31, 2014

•	B c	heck if	C Name of organization	D Employer identification number
	_		AGGEGRANGE LEAGUE OF CREAMED DODMIAND	
		Address change	ASSISTANCE LEAGUE OF GREATER PORTLAND	02 (022760
	<u> </u>	Name change Initial	Doing Business As	93-6032769
	<u> </u>	_ireturn	Number and street (or P.O. box if mail is not delivered to street address)  Room/su	
		Termin- ated	4000 SW 117TH AVENUE	503-526-9300
		Amended return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 1,086,322.
		Applica- tion pending	BEAVERTON, OR 97005	H(a) Is this a group return
		pending	F Name and address of principal officer:CAROL BERGSENG	for subordinates? Yes X No
			SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
	1 T	ax-exem	27 If "No," attach a list (see instructions)	
		Vebsite:	H(c) Group exemption number ▶	
	K F	orm of or	ganization: X Corporation Trust Association Other ► L Ye	ear of formation: 1962 M State of legal domicile: OR
	Pa		Summary	
	-a	<b>1</b> Bn	OULE O	
	Activities & Governance		·	, <del></del>
	E	2 Ch	neck this box I if the organization discontinued its operations or disposed of m	ore than 25% of its net assets.
	Š	3 Nu	umber of voting members of the governing body (Part VI, line 1a)	3  12
	Ğ		umber of independent voting members of the governing body (Part VI, line 1b)	4 12
	φ, γ,		otal number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
	ıţie		otal number of volunteers (estimate if necessary)	6 214
	cţi		otal unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	Ă		et unrelated business taxable income from Form 990-T, line 34	7b 0.
		<u> </u>	t uniciated basiness taxable income with 7 offices 1, into 54	Prior Year Current Year
	_	8 Cc	ontributions and grants (Part VIII, line 1h)	614,284. 549,546.
	Revenue	L.	ogram service revenue (Part VIII, line 2g)	0. 0.
	Ver	1		6,490. 6,784.
	Re		vestment income (Part VIII, column (A), liries 3, 4, and 7d)	87,966. 111,492.
			ther revenue (Part VIII, column (A), lines 5,66d, 8c, 9c, 10c, and 11e)	708,740. 667,822.
			otal revenue - add lines 8 through 11 (must equal Part VIII) côlumn (A), line 12)	229,988. 259,199.
			rants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 239,199.
		14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	Expenses	ı	alaries, other compensation, employee benefits (Part X Column (A) Tines 5 10)	0. 0.
	ë		ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>
	х	l	otal fundraising expenses (Part IX, column (D), line 25)   179,508.	202 1CD 305 CCE
			ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	282,169. 305,665.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	512,157. 564,864.
	. 0		evenue less expenses Subtract line 18 from line 12	196,583. 102,958.
	ts or			Beginning of Current Year End of Year
	Net Asset Fund Balai	20 10	otal assets (Part X, line 16)	5,010,286. 5,051,547.
r maco	day of B	1	otal liabilities (Part X, line 26)	1,462,368. 1,404,079.
7007			et assets or fund balances. Subtract line 21 from line 20	3,547,918. 3,647,468.
			Signature Block	
$\infty$			es of perjury, I declare that I have examined this return, including accompanying schedules and stat	
<b>~</b> ─1	true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.
			Carol Bergseng	1 10/9/14
MON	Sign	n   🏴	Signature of officer	Date
	Her	e .	CAROL BERGSENG, PRESIDENT	
		·	Type or print name and title	
		Р	rint/Type preparer's name Preparat's signature	Date Check PTIN
27	Paid	1 <u>Y</u>	EE LEE MCGEE	10/8/14 self-employed P01294356
SCANNED	Prep		ırm's name ▶ GARY MCGEE & CO. LLP	Firm's EIN
$\bigcirc$	Use	Only F	irm's address 808 S.W. THIRD AVENUE, SUITE 700	
			PORTLAND, OR 97204	Phone no. (503) 222-2515
	May	the IRS	discuss this return with the preparer shown above? (see instructions)	Yes No

	PORTLAND CLOTHES CHILDREN IN THE BEAVERTON AND HILLSBORO SCHOOL DISTRICTS WHO ARE REFERRED BY COUNSELORS. EACH ELEMENTARY CHILD	_
	RECEIVES A WARM WINTER COAT, TWO PAIRS OF PANTS, TWO TOPS, FIVE SETS OF	-
	UNDERWEAR, SIX PAIRS OF SOCKS, A PURCHASED SHOE VOUCHER, A DENTAL KIT,	_
	AND AN AGE-APPROPRIATE BOOK. ALL ITEMS PROVIDED ARE NEW, AND THE CHILD	
	COMES TO THE ASSISTANCE LEAGUE TO CHOOSE THEIR CLOTHING. BY PURCHASING	_
	THE CLOTHING WHOLESALE, THE COST OF EACH CHILD'S WARDROBE IS \$75.00. THIS HAS A RETAIL VALUE OF \$187.50.	_
	THIS HAS A RETAIL VALUE OF \$107.50.	_
4b	(Code) (Expenses \$39,226. including grants of \$25,953.) (Revenue \$	_)
	ASSAULT SURVIVOR KIT - THE ASSAULT SURVIVOR KIT HELPS RESTORE DIGNITY	_
	TO VICTIMS OF RAPE/ASSAULT WHEN THEY ARE REQUIRED TO LEAVE THEIR CLOTHING AS EVIDENCE FOR THE POLICE. EACH KIT CONTAINS CASUAL	_
	OUTERWEAR, SANDALS, UNDERWEAR AND PERSONAL HYGIENE PRODUCTS. ASSISTANCE	:
	LEAGUE HAS CONTRACTS TO PROVIDE KITS TO SEVEN LOCAL HOSPITALS.	
	THE CHAPTER ALSO SUPPORTS THE FOLLOWING.	_
	THE CHAPTER ALSO SUPPORTS THE FOLLOWING:	_
	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND	<u> </u>
	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL	<u> </u>
	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND	<u></u>
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	<u></u>
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	) 
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO	
	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO  (Code) (Expenses \$	
4c	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO  (Code) (Expenses \$	
	LIFE STORY BOOKS - LIFE STORY BOOK BINDERS ARE FOR IMPORTANT PAPERS AND DOCUMENTS, SUCH AS BIRTH CERTIFICATES, IMMUNIZATION RECORDS, SCHOOL REPORT CARDS, AND AWARDS FOR FOSTER CHILDREN IN MULTNOMAH, WASHINGTON AND CLACKAMAS COUNTIES WHO ARE LEAVING FOSTER CARE AND ADOPTED INTO  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	

Page 3

Form 990 (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND
Part IV Ohecklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
_	public office? If "Yes," complete Schedule C, Part I	_3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8_		X
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?	_		х
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	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	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	L	Х
d	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	14.0		<b></b> -
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>v</sub>
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	X
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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<b> </b>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	<u> </u>

Form 990 (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND
Part IV | Checklist of Required Schedules (continued)

	·		Yes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22	х	
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	20-		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive more than \$25,000 in hor-cash contributions in res, complete schedule in	29		
50	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
•	If "Yes," complete Schedule N, Part I	31		Х
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		X
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? If "Yes," complete Schedule R, Part I	33		X
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<b></b>
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		, .	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	N OOD	(2013)
		LOUIT	220	20131

	Check if Schedule O contains a response or note to any line in this Part V			
	Chock if Carlodado O Containo a recipiono di Pioto to any inici il tino il tino il tino i		Yes	
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا ـ ا	x	
_	(gambling) winnings to prize winners?	1c	A	
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  2a 0			
	Theorem and ballotted year ordering with a visual state year ordering the state of			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			٦,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?  N/A	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	ł	Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15	├	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	<u> </u>	
_	Note. See the instructions for additional information the organization must report on Schedule O			
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	1		
C	Enter the amount of reserves on hand	ļ		ļ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Check if Schedule O contains a response or note to any line in this Part VI

X

Form 990 (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND 93-6032769 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion 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	1a	12		- 1	
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?		2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		1		
	of officers, directors, or trustees, or key employees to a management company or other person?		ئــا	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	_4	1		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?		6	<u>.</u>	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?		7	a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		7	ь	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		8	a	Х	
b	Each committee with authority to act on behalf of the governing body?		8	ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code )				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	) Da		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	ъ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	<sup>2</sup> 1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12	2Ь	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," describe				
	ın Schedule O how this was done		12	2c	X	
13	Did the organization have a written whistleblower policy?		_ <u> </u>	3	X	
14	Did the organization have a written document retention and destruction policy?			4	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>&gt;</b>				
а	The organization's CEO, Executive Director, or top management official		15	5a		Х
b	Other officers or key employees of the organization		15	5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		10	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	inization's				
	exempt status with respect to such arrangements?	<del> </del>	1(	6b		
Sec	tion C. Disclosure	·				
17	List the states with which a copy of this Form 990 is required to be filed ▶OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s or	nly) ava	ilab	le	
	for public inspection. Indicate how you made these available. Check all that apply	<b>.</b>				
	·	n in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest policy	, and fi	ınan	icial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the orga	nızatıor	ո։ 🕨		
	LINDA MCCARTY, TREASURER - (503) 526-9300					
	4000 SW 117TH AVENUE, BEAVERTON, OR 97005					

Form	990	(2013)	

# ASSISTANCE LEAGUE OF GREATER PORTLAND

93-6032769

Page 7

Part VII Oompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
--

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	٦			<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos	ition	١		Reportable	Reportable	Estimated
Numb and Title	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	Ę				ate		organization	(W-2/1099-MISC)	from the
	related	stee	reste			Bens		(W-2/1099-MISC)		organization
	organizations	重	a E		loye	5 g				and related
	below line)	individual trustee or director	nstitutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations
(1) KAY GEBHART	23.00	흐	트	8	풀.	= =	윤			
PRESIDENT	23.00	X		x				0.	0.	0.
	20.00	^		^		<del> </del>		- 0.	0.	,
(2) CAROL BERGSENG	20.00	x	ŀ	x			İ	0.	0.	0.
PRESIDENT ELECT	7.00	^	⊢	^		┝		· · · · · · · · · · · · · · · · · · ·	0.	
(3) NANCY DOUGHERTY SECRETARY	7.00	x	1	x				0.	0.	0.
(4) DIANA ROHLFING	23.00	<u> </u>	┢┈	<u> </u>	-	├	$\vdash$	- 0.	0.	0
TREASURER	23.00	X		x				0.	0.	0.
(5) JOANIE ELLIOTT-BARCLAY	9.00	<del>  ^</del>	┢	1	┢	╁	-	<del>                                     </del>		•
VP BUILDING	3.00	$\mathbf{x}$		$ _{\mathbf{x}}$				0.	0.	0.
(6) CAROL BRAY	19.00	<del>  ^</del>	$\vdash$	<del>  ^</del>	┢	$\vdash$	-	+	<u> </u>	
VP FUNDRAISING	13,00	$\mathbf{x}$		x				0.	0.	0.
(7) PATTY FUNES	8.00	<del>  ••</del>	┢	<del> </del>	$\vdash$	$\vdash$		<del> </del>		•
VP FINANCE		$\mathbf{x}$		x				0.	0.	0.
(8) CHERYL LOLICH	9.00	1	<del>                                     </del>	<del>                                     </del>	┢┈	<del>                                     </del>	$\vdash$			-
VP MEMBERSHIP		x		Х				0.	0.	0.
(9) BETH MARKWELL	15.00	┢	H	┢	T		T			
VP STRATEGIC PLANNING		x		X				0.	0.	0.
(10) ALLISON MUDRICK	26.00			ऻ			_			
VP PUBLIC RELATIONS		x		X				0.	0.	0.
(11) BONNIE SNOW	11.00									-
VP PHILANTHROPIC PROGRAMS		X		X	1		1	0.	0.	0.
(12) MADELINE SHOTWELL	16.00									_
VP RETAIL SALES		1 x		X				0.	0.	0.
						1				
		1	1							
						Ì				
	<u>.                                    </u>			L					1.	
		L	L	L	L				<u></u>	
		L	L	L	L	L	L			
		1	1	1	1	1	l	1	l	l

ASSISTANCE LEAGUE OF GREATER PORTLAND

									R PORTLAND_	93-60	32'	769	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)		_		
•	(A)	(B)			_ (0	-			(D)	(E)			(F)	
	Name and title	Average hours per week	box	not c	Posi heck ss pe	more rson	than	h an	Reportable compensation from	Reportable compensation from related		an	timate nount other	
		(list any hours for related	Individual trustee or director	ustee			ensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(	C)	fr org	pensa om th anızat	e ion
		organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relat anızatı	
							<u> </u>				$\perp$			
					ļ									
							L							
	Sub-total							<u> </u>	0.		0.			0.
	Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportable				C
	Old the organization list any former officer,			e, ke	ey er	mplo	oyee	, or	highest compensated e	employee on			Yes	No
	ine 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omp	ens	atio	n an	d otl	her compensation from	the organization		3_		X
	and related organizations greater than \$15 Did any person listed on line 1a receive or									ridual for services		4		X
	rendered to the organization? If "Yes," con on B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son					5		X
1 0	Complete this table for your five highest co										pens	ation	from	
1	the organization. Report compensation for (A) Name and business					with	or v	vitnir	n the organization's tax (B)  Description of				C) ensatio	
	Name and business	addless	IN	ON	<u>C</u>				Description of	Services		ompe	iiiSalic	
		<u>.</u>												
								$\dashv$	<u>.</u>	.				
								_						-
						_		$\dashv$						
	Total number of independent contractors (	_	not I	ımıte	ed to	the	ose I	stec	d above) who received i	more than			<del></del>	
	\$100,000 of compensation from the organ	ization >					U					<b>-</b>	000	(2012

Total revenue. See instructions.

332009 10-29-13

93-6032769 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 12,950. **b** Membership dues 1b 77,969. 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 458,627 similar amounts not included above 410,591. g Noncash contributions included in lines 1a-1f \$ 549,546. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,784 6,784. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 77,969. of including \$ contributions reported on line 1c). See 77,875 Part IV, line 18 Other 82,793. b Less: direct expenses -4,918. -4,918.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 8,095 Part IV, line 19 3,590. b Less: direct expenses 4,505. 4,505. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 332,117 and allowances ь 332,117 b Less. cost of goods sold 0. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CONSIGNMENT SALES 453310 107,213 107,213. b OTHER INCOME 900099 4,692. 4,692. d All other revenue 111,905. e Total. Add lines 11a-11d 

667,822.

0.

118,276.

Form **990** (2013)

Sect	Check if School to Contain a record			mpiete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				····
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	259,199.	259,199.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include			· · · · · · · · · · · · · · · · · · ·	
8	,				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
10 11	Payroll taxes Fees for services (non-employees):				
''a	Management				
b	Legal				
c	Accounting	9,394.		9,394.	
ď	- F	2,2223		7,35 = 0	<del>3.</del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
·	column (A) amount, list line 11g expenses on Sch O.)	2,100.		1,356.	744.
12	Advertising and promotion	2,100. 6,079.		1,356.	744. 2,979.
13	Office expenses	32,142.	789.	17,551.	13,802.
14	Information technology				
15	Royalties				
16	Occupancy	58,197.	71.	55,038.	3,088.
17	Travel	1,220.	1,220.		
18	Payments of travel or entertainment expenses			j	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u> </u>	
20	Interest	57,877.		57,877.	
21	Payments to affiliates	6,475. 83,414.		6,475.	
22	Depreciation, depletion, and amortization	22,030.		22,030.	
23	Other expanses Itemize expanses not covered	22,030.		22,030.	
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 0.)				
а	MISCELLANEOUS	26,737.		9,513.	17,224.
b	ALLOCATION OF INDIRECT	0.	27,253.	-168,924.	141,671.
C					
d					
е	All other expenses	564 064			
25	Total functional expenses. Add lines 1 through 24e	564,864.	288,532.	96,824.	179,508.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here  fif following SOP 98-2 (ASC 958-720)				
	II lollowing 50P 98-2 (A5C 958-720)				

Part		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	188,449.	1	168,896
	2	Savings and temporary cash investments	664,499.	2	786,134
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	3,000.	4	
- 1	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
् ।		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	163,801.	8	168,583
	9	Prepaid expenses and deferred charges	20,148.	9	29,806
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation  10a 4,428,290.  10b 535,187.			
	b	Less accumulated depreciation 10b 535, 187.	3,964,646.	10c	3,893,103
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments · program-related. See Part IV, line 11		13	
1	14	Intangible assets	5,743.	14	5,025
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,010,286.	16	5,051,547 19,566
	17	Accounts payable and accrued expenses	21,706.	17	19,566
	18	Grants payable		18	
	19	Deferred revenue	9,535.	19	8,470
- 1:	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
မွ	22	Loans and other payables to current and former officers, directors, trustees,			
₫		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
۱ -	23	Secured mortgages and notes payable to unrelated third parties	1,431,127.	23	1,376,043
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	4 4 4 5 5 5 5	25	
_	26	Total liabilities. Add lines 17 through 25	1,462,368.	26	1,404,079
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	3,484,407.		3,599,620
Bal	28	Temporanly restricted net assets	63,511.	28	47,848
2	29	Permanently restricted net assets		29	
로		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Ď		and complete lines 30 through 34.			
۔ ا ا	30	Capital stock or trust principal, or current funds		30	
¥š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
1	33	Total net assets or fund balances	3,547,918.	33	3,647,468
	34	Total liabilities and net assets/fund balances	5,010,286.	34	5,051,547.

	1990 (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND	93-603	2769	Pag	<sub>je</sub> 12
Pai	rt XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,54		
5	Net unrealized gains (losses) on investments	5		3,4	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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 33,				
	column (B))	10	3,64	7,4	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	$+$ $_{-}$ $+$		i
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	_	}	v
_	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	(2013)

10-29-13

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ASSISTANCE LEAGUE OF GREATER PORTLAND

**Employer identification number** 93-6032769

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions				
The orga			because it is (For lines			•	•					
1 🗀	ì	· ·	s, or association of chur	•		•	•	L				
2			70(b)(1)(A)(ii). (Attach Sc				···/··/··	,-				
3 🗆			ital service organization	•		170(b)(1)	A)(iii).					
4	i .		operated in conjunction					(b)(1)(A)(ii	i) Enter	the hospita	l's nam	10
	city, and stat	=	operated in conjunction	***************************************	pital dooo		00 10	(=)( -)(>-)(-)	iji Lilioi	ino moopila	10114111	Ο,
5 🗀	-		benefit of a college or ur	niversity o	wned or or	nerated by	a governi	mental uni	t describ	ed in	_	
·		(b)(1)(A)(iv). (Comple		involuty o		ociated by	a govorni	morna an		, GG 111		
6 🗀			ent or governmental uni	t describe	d in sectio	n 170/h)/-	IVAV <sub>O</sub> )					
7		•	eives a substantial part					or from the	neneral	nublic des	eribad i	n
•	-	<b>b)(1)(A)(vi).</b> (Comple	•	oi ita aupp	ort nom a	governme	intai uriit C	n nom the	general	public desc	JIDEG I	
8 <u></u>			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X	·		eives: (1) more than 33			rom contri	butions m	nomborchi	n food a	nd groop ro	oointo :	from
9 (44)			nctions - subject to certa							-		
		•		-	-	•				•		
		509(a)(2). (Complete	axable income (less sect	iion 511 ta	ix) iroiti bu	SINESSES 8	acquired b	ly trie orga	unization	arter June	30, 197	<b>5.</b>
10 🗀			perated exclusively to te	et for publ	ic cafety 9	Soo soctio	n 500(a)(/	1)				
11 =			perated exclusively for the	•	•			•	v out the	DUPPOGGG	of one	~-
	_		ations described in section		•				-			Ji
			organization and comple				.) See sec	, tion 509(	a)(3). On	eck the box	liial	
	a Type I	· · · · · · · · · · · · · · · · · · ·	·	ype III - Fu	-			avt 🗀 t	o III - No	n-functional	lly intoc	rated
e 🗀	ı	•	at the organization is not		•	•						
·	-	· · · · · · · · · · · · · · · · · · ·	than one or more publicly		-	•	-		•	•		11
f		_	,		•				9(a)(1) 01	Section 50:	9(a)(Z).	
•	_		tten determination from t	ine ino ina	atitisa ty	pe i, Type	ii, or Type	<del>2</del> 111				
~		rganization, check th	ris box organization accepted ar			from on.	of the fall					ш
g	-		lirectly controls, either al			•		• •			V <sub>2</sub>	N-
			upported organization?	one or tog	ether with	persons c	iescribed	in (ii) and (	iii) below	·	Yes	No
	=	-	n described in (i) above?							11g(i)	+	<del>-</del>
	•	•	person described in (i) a		2					11g(ii)		
h		•	•	٠,,						11g(iii)	Ц	
"	FIOVICE LITE	ollowing intornation	about the supported or	yanızation	(5).							
CV No.		(II) EIN	I	(iv) le the c	rganization	(v) Did you	ı notify the	(vi) ls	the			
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				lorganizátio	on in col.	(vii) Amoun		netary
Ori	ganization		above or IRC section		document?			(i) organız U.S	ed in the	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			<del></del>	100		103	-110	-	110			
		<del></del>	,									
					-			-				
								1				
			<del> </del>		-	_		<del>                                     </del>				
	<del></del>		<del> </del>	<del> </del>	<del> </del>			<del>                                     </del>		<u> </u>	_	
								1				
				<del>  -</del>	<del> </del>	<del></del>		<del> </del>		<del></del> -		
Total												
		L		1	L.	L	I	I	I			

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

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization 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		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			· · · · · · · · · · · · · · · · · · ·			
Sec	ction B. Total Support		<del></del>				_
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				]		
8	Gross income from interest,						
	dividends, payments received on		1				
	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		ļ				
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 instruct	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	: II, line 14			15	%
16a	i 33 1/3% support test - 2013. If the o	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	n			
t	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			<b>▶</b>
17a	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lır	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
t	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on lır	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	umstances" test, c	heck this box and	d <b>stop here.</b> Explai	n in Part IV how th	e
	organization meets the "facts-and-cire		_		· · · · · ·		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ►
					Sch	edule A (Form 990	000-E71 2012

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	281,951.	332,819.	431,271.	614,284.	549,546.	2,209,871.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	239,824.	255,143.	322,524.	300,312.	418,087.	1,535,890.
3	Gross receipts from activities that				-		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization'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	E01 77E	507 062	752 705	014 506	067 633	3 545 561
	Total. Add lines 1 through 5	521,775.	587,962.	753,795.	914,596.	967,633.	3,745,761.
7 <i>a</i>	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that	İ					
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						3,745,761.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	521,775.	587,962.	(c) 2011 753, 795.	914,596.	967,633.	3,745,761.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	19,120.	7,394.	6,553.	6,490.	6,784.	46,341.
Ł	Unrelated business taxable income			· · · ·	·		<u> </u>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	19,120.	7,394.	6,553.	6,490.	6,784.	46,341.
	Net income from unrelated business		7,3310	0,3331	0,430.	0,701.	40,341.
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		:				<del></del> .
-	or loss from the sale of capital	77,543.	114,048.	102 024	115 025	111 005	E01 2EE
	assets (Explain in Part IV.)	618,438.		102,834.		111,905.	521,355.
	Total support. (Add lines 9, 10c, 11, and 12)		709,404.	863,182.	1,036,111.	1,086,322.	4,313,457.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here		<del></del>			·	<u> </u>
	ction C. Computation of Publ	·		<del></del>	·-·	<del>, , , , , , , , , , , , , , , , , , , </del>	0.5.04
	Public support percentage for 2013 (		•	olumn (f))		15	86.84 %
	Public support percentage from 2012				· · · · · · · · · · · · · · · · · · ·	16	85.47 %
Se	ction D. Computation of Inve				<u> </u>		
17	Investment income percentage for 20	<b>)13</b> (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	1.07 %
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	1.41 %
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						<b>►</b> X
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						

Part IV Su	pple	mental I	nforma	i <b>tion.</b> Pro	vide the	explanations required thation. (See instructions	y Part II,	line 10, Parl	t II, line 17a or 17b; and Part III, line 12
SCHEDULE	Α,	PART	III,	LINE	12,	EXPLANATION	FOR	OTHER	INCOME:
OTHER IN	СОМ	E (\$5	21,35	5)					
			<u> </u>						
				<u></u>			-		
			•						
					<u> </u>				
					_	· · · · · · · · · · · · · · · · · · ·			
								<u>.</u>	
			<del> =</del>			· , , , , , , , , , , , , , , , , , , ,			
								· ·	
			<u></u>		-	. <u> </u>			
						<del>-</del> -			
									<del></del>
<del>-</del>								18-1	
<del>-</del> .									
								<u></u>	
-		<del></del>		<del>.</del>					
		_							
					-	·			
· · · · · · · · · · · · · · · · · · ·						<del> </del>			
					_				·

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	ASSISTANCE LEAGUE OF GREATER PORTLAND	93~6032769
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed only
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?	Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	cally 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 form of a	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ganization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(e	4)(B)(ı)
	and section 170(h)(4)(B)(ı)?	└ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
	conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide the following amounts
	relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	► \$ ► \$

		NCE LEAGUE								Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tre	easures, c	or Other	Simil	ar Asse	ts(continu	ed)
3	·Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following tha	it are a sig	nıficant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further th	ne organizati	on's exem	pt purp	ose ın Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	stoncal treas	sures, or oth	er sımılar a	ssets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	e organizatioi	n answered '	"Yes" to Fo	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not in	cluded	_	7	
	on Form 990, Part X?							L	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.				1		
							ļ		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F								」 Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	Prior year	(c) Two year	rs dack (d	nree	years back	(e) Four y	ears back
1a	Beginning of year balance								<u> </u>	
b	Contributions								<u> </u> 	
С	Net investment earnings, gains, and losses				· - · - · ·				-	
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
_	and programs								<u> </u>	<del></del>
t	Administrative expenses									
g	End of year balance		L		W. I.				L	
2	Provide the estimated percentage of the cur	rent year end baland		ig, column (a	i)) neid as:					
	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c should be there and autment funds not in the passes	•	ation th	st are bold a	nd administs	rad for the	orann	zotion		
Şa	Are there endowment funds not in the posse	sssion of the organiz	auon un	at are rielu a	nu auministe	ered for the	organi	Zation	T.	res No
	(i) unrelated organizations								3a(i)	res No
	(ii) related organizations								3a(ii)	_
h	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R2					3b	
4	Describe in Part XIII the intended uses of the	•							35 1	
	rt VI Land, Buildings, and Equipm		3441110111	Tarias.						
	Complete if the organization answere		). Part IV	V. line 11a S	ee Form 990	. Part X. Iır	ne 10			
	Description of property	(a) Cost or o		(b) Cost			umulat	ed	(d) Book	value
	Decempes of property	basis (investr		basis			eciation		(4) 500.	V 4.44
	Land				0,133.			<u> </u>	1,580	,133.
	Buildings				0,133.	2	83,6	14.		,519.
	Leasehold improvements				6,146.		26,8			,312.
	Equipment				1,878.		24,7			,139.
	Other									
	1. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line 1	0(c) )			<b>•</b>	3,893	,103.

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(9)

# **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs. gov/form.990.

Inspection

Name of the organization ASSISTA	NCE LEAGUE OF GREA	TER	РО	RTLAND		93-6032	769
Part I Fundraising Activities required to complete this part	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, II	ne 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following Solicitates for oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includ	non-ga govern sising a ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fündr fundr have cr or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u> </u>	
						<del></del>	
Total  3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	<b>▶</b>	s or has been notified	d it is	exempt from r	egistration
or licensing			•				
	<del></del>						
	···						

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

Schedule G (Form 990 or 990-EZ) 2013 ASSISTANCE LEAGUE OF GREATER PORTLAND 93-6032769 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events FASHION SHOW NONE (add col (a) through LUNCHEON GALA col (c)) (event type) (event type) (total number) 113,092. 40,762. 153,854. Gross receipts 34,102. 75,979. 41,877. 2 Less: Contributions 77,875. 71,215. 6,660 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Rent/facility costs 9,866. 27,862. 17,996. Food and beverages Entertainment 54,931. 54,069. 862. Other direct expenses 82,793. 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ -4,918. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes % No Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to operate gaming activities in each of these states?	Yes No
b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	☐ Yes ☐ No
b If "Yes," explain	

Schedule G (Form 990 or 990-EZ) 2013

Scn	edule G (Form ago or ago EZ) 2013 ASSISIANCE LEAGUE OF GREATER FORTHAND 93-6	0034109	Page 3
11	Does the organization operate gaming activities with nonmembers?	└─ Yes	L No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1	
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u></u>
	Name		
	Address >	<del>.</del>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	of gaming revenue retained by the third party > \$		
С	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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, II	nes 9, 9b, 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,,	,,
		<del></del>	
			<del></del>
_			

Schedule C	3 (Form 990 or 990 EZ)	ASSISTANCE	LEAGUE	OF	GREATER	PORTLAND	93-6032/69 Page 4
Part IV	S (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)					
		· · · · · · · · · · · · · · · · · · ·					
•							
-							
						<del></del>	
	·						
		<del></del> .					
	-					•	· -
					<del> </del>		
			<del></del>				
					<del> </del>		
							**
							<del>-</del>
		· <del></del>			<del> </del>		
		<del></del>				· · · · · · · · · · · · · · · · · · ·	
						_	
	-					_	<del></del>
					<del>-</del>		
-							
		· · · · · · · · · · · · · · · · · · ·			<del> </del>		
							· <del>-</del>

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public, Inspection

**Employer identification number ջ** □ 93-6032769 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. (f) Method of valuation (book, EMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of ASSISTANCE LEAGUE OF GREATER PORTLAND cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

Enter total number of other organizations listed in the line 1 table

30

Schedule I (Form 990) (2013)

Page 2

93-6032769

Schedule I (Form 990) (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
					CLOTHING AND VARIOUS PERSONAL
SUPPLIES	2882	0.	259,199.	FMV	ITEMS.
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
EXPLANATION: ASSISTANCE IS PROVIDED	FOR	ELIGIBLE PAR	PARTICIPANTS	NI	
VARIOUS PROGRAMS. SELECTION IS BA	BASED UPON		PROGRAM ELIGIBILITY.	SCHOOL	
CHILDREN ARE QUALIFIED BY THE SCHO	SCHOOL DISTRICTS	BY	TEACHERS, CO	COUNSELORS,	
AND THE FAMILY RESOURCE CENTERS.	OVERSIGHT	OF THE	USE OF THE		
ASSISTANCE IS ACCOMPLISHED THROUGH ONGOING	ONGOING	PROGRAM AND	ND PARTICIPANT	ANT	
EVALUATION AND REPORTING.			i		

Schedule I (Form 990) (2013)

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Inspection

Employer identification number

	ASSISTANCE I	EAGUE	OF GREATE	R PORTLAND	93-6	<u>032</u>	<u> 769</u>	
Par	t 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	(d) Method of de noncash contribu		-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X			SALES PRICE			
6	Cars and other vehicles	X	2	434.	SALES PRICE			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock				<del></del>			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		ļ					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential		ļ					
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	<u> </u>	-					
24	Archeological artifacts	- v	0.6	12 025	CALEC DOLCE			
25	Other (AUCTION ITEMS)	X	86		SALES PRICE SALES PRICE			
26	Other (MISCELLANEOUS)		4 4	22,200.	SALES PRICE			
27	Other ()		<del></del>					
28	Other ( )		<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			V	- Na
20-	Disease the sease of of the assessment as assessed			anded in Doublines 4, 00 d	يرم المراجعة المحروبية المراجعة		Yes	No
Sua	During the year, did the organization receive to							
	at least three years from the date of the initial	Contribution	i, and which is not	required to be used for exem	ipt purposes for	20-		x
_	the entire holding period?					30a		<u> </u>
	If "Yes," describe the arrangement in Part II  Does the organization have a gift acceptance	noticy that r	ogures the review	of any non standard contrib	utions?	24		x
31	Does the organization have a gift acceptance		·	•		31		<del>  ^</del>
924	contributions?	oi leiated 0	rganizations to sol	icit, process, or seirnoncash		32a	х	1
h	If "Yes," describe in Part II					JZa		$\vdash$
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is of	necked			1
~	" " B . II	, column (c)	ioi a type oi piope	ity io. Willon coloniii (a) is ci	iconou,			1

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) ASSISTANCE LEAGUE OF GREATER PORTLAND 93-6032769 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
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.
SCHEDULE M, PART I, COLUMN (B):
EXPLANATION: THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
RECEIVED.
SCHEDULE M, LINE 32B:
EXPLANATION: THE LEAGUE CONTRACTS WITH NORTHWEST CHARITY DONATION
SERVICE, WHO ACTS AS AN ADMINISTRATIVE AGENT FOR NON-PROFIT
ODCANIZAMIONE CHRUING VEHICLE DONAMION
ORGANIZATIONS SEEKING VEHICLE DONATION.

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

332211 09-04-13

# Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

omplete 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.

2013
Open to Publi

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number 93-6032769

ASSISTANCE LEAGUE OF GREATER PORTLAND FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ASSISTANCE LEAGUE OF GREATER PORTLAND IS A NONPROFIT CORPORATION INCORPORATED IN THE STATE OF OREGON THAT PUTS CARING AND COMMITMENT INTO ACTION THROUGH COMMUNITY-BASED PHILANTHROPIC PROGRAMS. THE ASSISTANCE LEAGUE'S SUPPORT AND REVENUES COME PRIMARILY FROM CONTRIBUTIONS AND OTHER FUNDRAISING EFFORTS, INCLUDING OPERATION OF A THRIFT SHOP AND A CONSIGNMENT SHOP LOCATED IN BEAVERTON, OREGON, AND OPERATION OF A FUNDRAISING GALA HELD EACH YEAR. ASSISTANCE LEAGUE OF GREATER PORTLAND IS A CHARTERED CHAPTER OF THE NATIONAL ASSISTANCE LEAGUE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ALL CHILDREN RECEIVING THESE SERVICES FALL BELOW THE NATIONAL POVERTY SINCE 1997, OVER 7,200 CHILDREN K - 6 HAVE BEEN SERVED IN THE LEVEL. IN 2010, THE CHAPTER STARTED SERVING HILLSBORO SCHOOL DISTRICT. CHILDREN GRADES K - 2 IN THE BEAVERTON SCHOOL DISTRICT. EACH YEAR THEREAFTER, THE PROGRAM HAS GROWN AND NOW CLOTHES CHILDREN IN GRADES K SINCE 2010, NEARLY 2,700 ELEMENTARY CHILDREN HAVE BEEN SERVED IN THE BEAVERTON SCHOOL DISTRICT. IN 2012, OPERATION SCHOOL BELL EXPANDED ITS SERVICE IN THE BEAVERTON SCHOOL DISTRICT TO CLOTHE AT-RISK HIGH SCHOOL STUDENTS. THIS YEAR, IN 2013, THE PROGRAM GREW SIGNIFICANTLY WITH THE ADDITION OF MIDDLE SCHOOL STUDENTS IN THE BEAVERTON SCHOOL DISTRICT AS WELL AS ADDING MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS IN THE HILLSBORO SCHOOL DISTRICT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 300 MIDDLE SCHOOL STUDENTS WERE CLOTHED IN THE TWO DISTRICTS, AND THE

CHAPTER HAS CLOTHED OVER 1,000 BEAVERTON AND HILLSBORO HIGH SCHOOL

STUDENTS SINCE 2012. THESE STUDENTS ARE PROVIDED SHOPPING EXPERIENCES

AT FRED MEYER RETAIL STORES WHERE THEY ARE ALLOWED TO SPEND UP TO

\$125.00 FOR CLOTHING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PERMANENT FAMILIES. FOR CHILDREN OLD ENOUGH TO REMEMBER THEIR BIRTH

FAMILIES, IT PROVIDES THEM WITH A SENSE OF CONNECTION TO THEIR PAST, AS

WELL AS TO WHOM THEY WILL BECOME AS THEY AND THEIR NEW FAMILIES ADD TO

THEIR STORY. LAST YEAR, 50 OF THESE BOOKS WERE DISTRIBUTED.

CORDERO HOUSE - CORDERO HOUSE IS A RESIDENTIAL TREATMENT HOME FOR

TEENAGE BOYS OPERATED BY JANUS YOUTH PROGRAMS. OUR MEMBER VOLUNTEERS

PROVIDE ENGAGING ACTIVITIES, SUCH AS CRAFTS, PROJECTS, AND OUTINGS FOR

ENRICHMENT TWICE EACH MONTH FOR BOYS IN THE CORDERO HOUSE PROGRAM.

ADDITIONALLY, MILESTONES - SUCH AS BIRTHDAYS, SPECIAL OCCASIONS,

PERSONAL ACHIEVEMENTS, AND GRADUATIONS - ARE RECOGNIZED AND CELEBRATED

WHEN THEY OCCUR.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: BYLAWS CHANGES INCLUDED: CERTAIN JOB TITLES WERE CHANGED AND COMMITTEE STRUCTURES CLARIFIED. THESE CHANGES WERE NOT DEEMED SIGNIFICANT.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS VOTING MEMBERS. MEMBERSHIP IS OPEN
WITHOUT DISCRIMINATION TO ALL INDIVIDUALS AS LONG AS THEY COMPLY WITH THE
RESPONSIBILITIES OF MEMBERSHIP.