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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

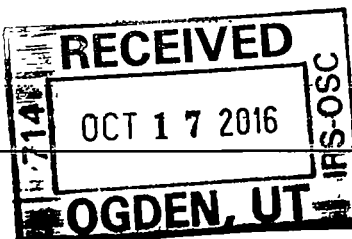
<b>A</b> For the 2015 calendar year, or tax year beginning <b>JUN 1, 2015</b> and ending <b>MAY 31, 2016</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASSISTANCE LEAGUE OF SOUTHWEST WASHINGTON</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 65</b> City or town, state or province, country, and ZIP or foreign postal code <b>VANCOUVER, WA 98666</b> <b>D</b> Employer identification number <b>47-0921393</b> <b>E</b> Telephone number <b>(360) 887-4935</b> <b>F</b> Group Exemption Number ▶ <b>4176</b> <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____ <b>I</b> Website: ▶ <b>ALSWWA.ORG</b> <b>J</b> Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>125667.</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	49072.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4462.
	4	Investment income	4	29.
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 36766. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	72104.
	c	Less: direct expenses from gaming and fundraising events	6c	44179.
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27925.
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81488.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	53144.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3450.
	14	Occupancy, rent, utilities, and maintenance	14	2979.
	15	Printing, publications, postage, and shipping	15	858.
	16	Other expenses (describe in Schedule O)	16	17186.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	77617.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3871.
	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	80584.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	84455.

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	77957.	22	82318.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) See Schedule O	10633.	24	9179.
25 Total assets	88590.	25	91497.
26 Total liabilities (describe in Schedule O) See Schedule O	8006.	26	7042.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80584.	27	84455.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39038.
29 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11894.
30 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	297.
31 Other program services (describe in Schedule O) See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1915.
32 Total program service expenses (add lines 28a through 31a)	32	53144.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PEG STEINMEYER				
PRESIDENT	10.00	0.	0.	0.
JULIE RAWSON				
VP-MEMBERSHIP	5.00	0.	0.	0.
KATHY HOLM				
VP-PHILANTROPIC PROJECTS	7.00	0.	0.	0.
NANCY GASTON				
VP-RESOURCE DEVELOPMENT	8.00	0.	0.	0.
BETTE LUDEN				
RECORDING SECRETARY	9.00	0.	0.	0.
LUANNE BLOCK				
EDUCATION	10.00	0.	0.	0.
JEANNE LIGHTBURN				
PUBLIC RELATIONS	8.00	0.	0.	0.
TANYA PERSONS				
TREASURER	19.00	0.	0.	0.

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WASHINGTON**

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<b>33</b>		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	<b>N/A</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<b>35c</b>		<b>X</b>
<b>36</b> 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	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>	<b>37b</b>		<b>X</b>
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>38a</b>		<b>X</b>
<b>38a</b> 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 tax year covered by this return?	<b>38b</b>	<b>N/A</b>	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>39a</b>	<b>N/A</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:	<b>39b</b>	<b>N/A</b>	
<b>a</b> Initiation fees and capital contributions included on line 9			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b> 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>40b</b>		<b>X</b>
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>	<b>40e</b>		<b>X</b>
<b>e</b> 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			
<b>41</b> List the states with which a copy of this return is filed ▶ <b>None</b>			
<b>42a</b> The organization's books are in care of ▶ <b>PEG STEINMEYER</b> Telephone no. ▶ <b>(360) 887-4935</b> Located at ▶ <b>501 NW 214TH CIRCLE, RIDGEFIELD, WA</b> ZIP + 4 ▶ <b>98642</b>	<b>42b</b>	<b>Yes</b>	<b>No</b>
<b>b</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: ▶	<b>42c</b>		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>c</b> 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: ▶			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>		<b>X</b>
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>		<b>X</b>

		Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	49a		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?	49b		

**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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.

<b>Sign Here</b>	<div style="display: flex; justify-content: space-between;"> <div> <p><i>Tanya Ashley Persons</i> Signature of officer</p> <p><b>Tanya Ashley Persons - Treasurer</b> Type or print name and title</p> </div> <div style="text-align: right;"> <p>Date <b>10/12/16</b></p> </div> </div>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CELESTE MARQUEZ-FERGUSON</b>	Preparer's signature <i>Celeste Marquez Ferguson CPA</i>	Date <b>10-06-16</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00084786</b>
	Firm's name ▶ <b>CELESTE A MARQUEZ-FERGUSON, PLLC</b>			Firm's EIN ▶ <b>36-4745889</b>	
	Firm's address ▶ <b>2306 E EVERGREEN BLVD., SUITE 2 VANCOUVER, WA 98661</b>			Phone no. <b>(360) 696-9518</b>	

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

Schedule A (Form 990 or 990-EZ) 2015

**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 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2014.</b> 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 <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**ASSISTANCE LEAGUE OF SOUTHWEST**

Schedule A (Form 990 or 990-EZ) 2015 **WASHINGTON**

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**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 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35850.	48779.	44155.	50744.	53534.	233062.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59905.	69526.	57558.	66708.	72104.	325801.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	95755.	118305.	101713.	117452.	125638.	558863.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6)						558863.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	95755.	118305.	101713.	117452.	125638.	558863.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67.	59.	53.	45.	29.	253.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	67.	59.	53.	45.	29.	253.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	95822.	118364.	101766.	117497.	125667.	559116.

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	<b>99.95 %</b>
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	<b>99.94 %</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	<b>.05 %</b>
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	<b>.06 %</b>

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 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 ☐



Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

## Open to Public Inspection

Employer identification number	47-0921393
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## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

# ASSISTANCE LEAGUE OF SOUTHWEST

Schedule G (Form 990 or 990-EZ) 2015 **WASHINGTON**

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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

		(a) Event #1 <b>CHRISTMAS BOUTIQUE AND</b> (event type)	(b) Event #2 <b>SPRING EVENT</b> (event type)	(c) Other events <b>3</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	91242.	9729.	7899.	108870.
	<b>2</b> Less: Contributions	36187.	579.		36766.
	<b>3</b> Gross income (line 1 minus line 2)	55055.	9150.	7899.	72104.
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	16524.			16524.
	<b>7</b> Food and beverages	811.			811.
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	18694.	4894.	3256.	26844.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				44179.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				27925.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities. \_\_\_\_\_

**a** Is the organization licensed to conduct 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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete 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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**ASSISTANCE LEAGUE OF SOUTHWEST  
WASHINGTON**

Employer identification number  
**47-0921393**

**Form 990-EZ, Part I, Line 4, Other Investment Income:**

Description of Property:	Amount:
US BANK	29.

**Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:**

Description of Expenses:	Amount:
Depreciation	396.
Other Expenses	2583.
<b>Total to Form 990-EZ, line 14</b>	<b>2979.</b>

**Form 990-EZ, Part I, Line 16, Other Expenses:**

Description of Other Expenses:	Amount:
NATIONAL DUES	1900.
MEMBERSHIP TRAINING AND ACTIVITIES	1019.
NATIONAL CONFERENCE AND MEETINGS	3120.
OFFICE SUPPLIES	2539.
INSURANCE	2246.
MISCELLANEOUS	562.
INDIRECT FUND RAISING EXPENSES	5800.
<b>Total to Form 990-EZ, line 16</b>	<b>17186.</b>

**Form 990-EZ, Part II, Line 24, Other Assets:**

Description	Beg. of Year	End of Year
PREPAID EXPENSE	6485.	2385.
INVENTORIES	4148.	4861.
<b>Other Depreciable Assets</b>	<b>0.</b>	<b>1933.</b>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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**Total to Form 990-EZ, line 24**

**10633.**

**9179.**

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

Description	Beq. of Year	End of Year
ACCOUNTS AND CREDIT CARDS PAYABLE	4036.	2428.
DEFERRED DUES REVENUE	3910.	4614.
DEFERRED EVENT REVENUE	60.	0.
<b>Total to Form 990-EZ, line 26</b>	<b>8006.</b>	<b>7042.</b>

**Form 990-EZ, Part III, Primary Exempt Purpose - PHILANTHROPIC WORK IN THE  
COMMUNITY OF SOUTHWEST WASHINGTON.**

**Form 990-EZ, Part III, Line 28, Program Service Accomplishments:**

**OPERATION SCHOOL BELL; ALSW PROVIDES CLOTHING AND LITERACY**

**MATERIALS TO CHILDREN IN NEED IN FOUR CLARK COUNTY SCHOOL**

**DISTRICTS, VANCOUVER, EVERGREEN, WOODLAND AND WASHOUGAL.**

**ALSW MEMBERS SERVE AS LIAISONS WITH THE SCHOOLS, WORKING WITH STAFF TO**

**IDENTIFY NEEDS, PURCHASING THE GARMENTS AND SUPPLIES AND THEN**

**DELIVERING THEM AS REQUIRED.**

**JUST BECAUSE, A SUB-PROGRAM OF OPERATION SCHOOL BELL, PROVIDES CHILDREN**

**AGES 10-18 WITH TWO SETS OF NEW CLOTHING WHEN THEY ARE PLACED IN FOSTER**

**CARE. THE PROGRAM COMMITTEE WORKS WITH THE DEPARTMENT OF SOCIAL AND**

**HEALTH SERVICES IN VANCOUVER, WASHINGTON.**

**Form 990-EZ, Part III, Line 29, Program Service Accomplishments:**

**CHILDREN'S OPPORTUNITIES AND POTENTIAL; ALSW WORKS WITH**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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▶ Attach to Form 990 or 990-EZ.

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Employer identification number  
**47-0921393**

INNOVATIVE SERVICES NORTHWEST TO HELP CHILDREN WHO HAVE  
DISABILITIES OR OTHER DISADVANTAGES REACH THEIR FULL  
POTENTIAL. THE ORGANIZATION PROVIDES FINANCIAL SPONSORSHIP, EDUCATIONAL  
SUPPLIES AND SKILLED VOLUNTEER HELP IN CLASSROOMS AND THERAPEUTIC  
SETTINGS.

Form 990-EZ, Part III, Line 30, Program Service Accomplishments:

MY LIFE STORY BOOKS; ALSW MEMBERS AND COMMUNITY VOLUNTEERS  
MAKE HANDMADE, FABRIC-COVERED NOTEBOOKS THAT BECOME MEMORY  
ALBUMS FOR CHILDREN IN FOSTER CARE AS THEY MOVE WITHIN THE  
SYSTEM TOWARD ADOPTION. IN A BOOK, THE CHILDREN CAN RECORD THEIR  
PERSONAL HISTORY, FILLING THEM WITH PHOTOGRAPHS, RECORDS AND LETTERS.

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

ASSAULT SURVIVOR KITS; ALSW PROVIDES CLOTHING AND PERSONAL ITEMS TO  
SURVIVORS OF ASSAULT, BOTH WOMEN AND CHILDREN, WHO VISIT THE EMERGENCY  
ROOMS OF THREE OF SOUTHWEST WASHINGTON AREA HOSPITALS.

Grants \$ 0. Expenses \$ 1915.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,  
or indirectly, on a personal benefit contract.