Department of the Treasury Internal Revenue Service

WWW.ASSISTANCELEAGUEPUEBLO.ORG

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for Instructions and the latest information.

2023
Open to Public

<u>A</u>	For	the 2023 calendar year, or tax year beginning 06/01/23 , and ending 05/31		····	Inspection
_	Check	if applicable: C Name of organization	· · · · · · · · · · · · · · · · · · ·	D Employ	er identification number
X	Addres	s change ASSISTANCE LEAGUE OF PUEBLO, INC.			a lacinemodal hambel
Г	Name	change Doing business as		22	11 070EE
	i	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		7127355 ne number
느	Initial r				544-1528
L	Final re termina	ated steel s		***	
	Amend	ed return PUEBLO CO 81005	1,	Gross re	celpts\$ 537,40:
⊨	i	r Name and address of principal officer:		2 Q1033 TC	
╙	Applica	tion pending SUSAN BERNAL	H(a) is this a group	return for	subordinates? Yes X N
			H(b) Are all subor	dinatae in	cluded? Yes N
					. See instructions
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		waar a not	. Occ manachons
J	Websi				
ĸ	Form o	of organization: X Comparation Total	H(c) Group exemp		· · · · · · · · · · · · · · · · · · ·
	art i		Year of formation; 19	64	M State of legal domicile: Co
	'	Briefly describe the organization's mission or most significant activities: ASSISTANCE LEAGUE PUBLIC A CHARLED OF MARIENTAL ASSISTANCE.			
ဥ	1	A CHAPTER OF NATIONAL ASSIST	ANCE TEACTE	-	
13		VOLUNTEERS TRANSFORMING THE LIVES OF CHILDREN AND ADUL	TS THROUGH C	OMMUI	NITY
Governance	١.	PROGRAMS.			
ဖိ	2	Check this box if the organization discontinued its operations or disposed of more than 25%.	of its net assets.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ళ	"	Number of voting members of the governing hody (Part VI, line 1s)		3	10
Activities	4	Number of independent voting members of the governing hody (Part V/Lline 16)			10
Ĭξ		The restriction of managed comployed in Calendar Veral 2023 (Part V line 29)		5	0
Ą	_	Total Harrison of Voidificers (estimate if flechessary)		6	63
_	7a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business tayable income from Farm 000 T. Bartel 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7a	0
	,		Delan Vans	7b	0
o)	8	Contributions and grants (Part VIII, line 1h)	Prior Year 218,	400	Current Year
ň	, ~	r regions service revenue (Part VIII, Inte 20)		400	236,997
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		733	1 F 4 F C
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100		<u>15,416</u>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,		102,174
	13	Grants and similar amounts neid (Part IV, column (A), line 12)	315,	721	354,587
	14	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	15	Benefits paid to or for members (Part IX, column (A), line 4)			0
Expenses		Outlines, outline to imperisation, employee benefits (Part IX column /A) lines & 40)			0
že	lua	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (D), line 25) 155,223			0
ă	4-	Total fundraising expenses (Part IX, column (D), line 25) 155,223			
		Other expenses (Fait IX, Within) (A), IIIIes 11a-11d, 11f-22a	306,	059	356,860
		Total expenses. Add lines 15–17 (must equal Part IX, column (A), line 25)	306,		356,860
- 9	19	Revenue less expenses. Subtract line 18 from line 12		662	-2,273
Assets or Balances		···	Beginning of Current		End of Year
Bass	20	Total assets (Part X, line 16)	1,585,	633	1,587,572
₩ ₽	21	rotal liabilities (Part X, line 26)	432,		423,012
<u>Z</u>	22 1	ver assets or fund balances. Subtract line 21 from line 20	1,153,		1,164,560
	urt II	Signature Block			
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of which	into and to the heat of		
true	e, corre	ed, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas anv knowledge	IIIy KIIQV	vieage and belief, it is
				<u> </u>	
Sign	า	Signature of officer		<u> </u>	
Hen	9	RHONDA LEWIS TREASURED		Date	
		Type or print name and file			
		Print/Type preparer's name Preparer's signature			
Paid		POWER P. CO. C.	Date	Check	if PTIN
Prepa	arer	RONALD L GOODRICH RONALD L GOODRICH	10/02/24	self-empl	oyed P00478412
Use (Firm's name MGPM, PC	Firm's	EIN	84-0628988
-051	~···y	503 N MAIN ST STE 740			
		Firm's address PUEBLO, CO 81003	Phone	nn	719-543-0516
viay t	ne iRS	S discuss this return with the preparer shown above? See instructions	Tinole		X Yes No
For Pa Daa	aperwo	ork Reduction Act Notice, see the separate instructions.			Form 990 (2023)
					rom 330 (2023)

orm 990 (2023) ASSISTANCE L	EAGUE OF PUEBLO,	INC. 23-	7127355	Page 2
Part III Statement of Progra	m Service Accomplishm	ents		
Check if Schedule O	contains a response or not	te to any line in this	Part III	X
1 Briefly describe the organization's miss ASSISTANCE LEAGUE PU VOLUNTEERS TRANSFORM PROGRAMS.	EBLO, A CHAPTER	OF NATIONAL	ASSISTANCE LEA	
2 Did the organization undertake any sign	officent program assists at the U.			
prior Form 990 or 990-EZ? If "Yes," describe these new services of	n Schedule O.	***************************************		Yes X No
the digonization codes conducting,				Yes X No
Describe the organization's program se expenses. Section 501(c)(3) and 501(c), the total expenses, and revenue, if any,	rvice accomplishments for each of (4) organizations are required to re	eport the amount of grant	services, as measured by s and allocations to others,	
4a (Code:) (Expenses \$ OPERATION SCHOOL BEL BOOKS TO PUEBLO CITY ARE REFERRED BY THEI VOUCHER AND ARE ASSI A LOCAL DEPARTMENT S CHILDREN HAVE BENEFI	L PROVIDES NEW C AND PUUBLO COUN R SCHOOL COUNSEL STED BY OUR MEMB TORE. SINCE INC ITED FROM THE PR	TY STUDENTS ORS BASED ON ERS AS THEY EPTION OF TH OGRAM.	NEED. THEY AN SELECT NECESSAN IS PROGRAM, OVI	EMS, AND THE STUDENTS RE GIVEN A RY ITEMS FROM ER 40,000
• • • • • • • • • • • • • • • • • • • •			••••••••••••••••••••••••••••••••	
***************************************				********
COLLEGE ARE OFFERED OTHERWISE BE ABLE TO PERSONNEL OF BOTH SC CAMPERSHIPS ARE OFFER	RADO STATE UNIVE TO OUTSTANDING ST ATTEND. SCHOLARS HOOLS TO OUTLINE	SHIP COMMITTE THE PROGRAM SON, A SUMMER	JEBLO COUNTY WHE TE MEMBERS WORK 'S REQUIREMENTS R YOUTH CAMP FO	MMUNITY IO MIGHT NOT WITH THE
THE BABY'S BOOK BAG I APPORPRIATE BOOKS FOR THEIR INFANT TO PRESENCOURAGE PARENT-CHIL BEEN DISCONTINUED.	DISTRIBUTION TO SCHOOL PROGRAMS.	CANVAS TOTES NON-PROFIT THE GOAL IS	AGENCIES TO BE TO PROMOTE LI	GE USED IN TERACY AND GRAM HAS
	•••••••••••••••••••••••••••••••••••••••			••••••••••••••••••••••••••••••••
d Other program services (Describe on Sch	nedule (O.)			
(Expenses \$ 6,312	including grants of \$) /Pa	evenue \$,
e Total program service expenses	180,490	, (Ne	TOTICO Y	

Checklist of Required Schedules Part IV

1	In the emerication described in a time that the second of		Yes	No
•	complete School de			
2		. 1	X	
3	- 1.3 Instructions	. 2	X	ļ
_	Candidates for public office? If "Yes" complete Selection O. Dark I.			1
4		. 3	-	X
	election in effect during the tay year? If "Year" permutate Detector of the stay of the stay year.			
5		4	-	X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	 	X
	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 Did the organization receive or hold a conservation easement, including opportunities to present a present and a conservation easement.			-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	 	X
	the environment, historic land areas, or historic structures? If "Ves." complete Schodule D. Rod II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	_ <u>^</u>
	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		İ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	or an object the object of the	 	<u> </u>	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	if the digarization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X, as applicable.			
a	To the form an arrosal for land, buildings, and equipment in Part A, line 10? If "Yes."		ļ	
_	complete Schedule D, Part VI	11a	x	i
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		x
С	Did the digarilization report an amount for investments—program related in Part X line 13 that is 5% or more			
د.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	and organization report air 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
f	bid the diganization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
'	bid the organization's separate of consolidated financial statements for the tay year include a footbate that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	The the organization obtain separate, independent addited financial statements for the tax year? If "Yes" complete			
b	Schedule D, Parts XI and XII	12a		X
	The tree organization included in consolidated, independent audited tinancial statements for the tax year? If	i		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		<u> </u>
b	Did the organization have aggregate revenues or expenses of years than \$40,000 ft.	14a		X
-	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 "You" complete Sebadule 5. Read to write the		į	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	TOT SOV TOTAL OPPOSITATIONS If Was I second to Color to the color of t		- 1	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
	assistance to or for foreign individuals? If "Vac " complete Schodule 5, Darte III and III.			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on	16		<u>x</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundamentary assets the professional radiations.			~~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	X
	Part VIII lines 1c and 8a2 if "Voc." complete Schoolide C. Double	40	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III.		ļ	32
20a	the organization operate one or more nospital facilities? If "Yes." complete Schedule H	19		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 -	
21	and digalization report more than \$5,000 or grants or other assistance to any domestic organization or	20b	_	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
DAA	The second of th	<u> </u>		43.

	Part IV Checklist of Required Schedules (continued)			Page
	- Contractor Continued		14	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		22		+
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		$ \mathbf{x} $
24	a 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	İ		
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
t	build the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Bid the digalization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c	-	
25	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), 501(C)(4), and 501(C)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	and a significant artistic regaged in air excess benefit transaction with a disqualified person in a prior		Ţ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		<u> </u>
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ŀ		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u>.</u>	X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	•		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		1	
	persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27		X
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes," complete Schedule L, Part IV	202		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c	x	X
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		ł
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	bit the digarization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	<u> </u>		
	complete Schedule N, Part II	32		х
33	bid 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		х
34	was the digarilization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III.			
) F.	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	" 705 to line 55a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 50/ of the patieties through an artist to	36		<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
8	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 11t V Statements Recording Other IDO File.			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			П
	The state of the s		v 1	<u> </u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		İ	
	reportable gaming (gambling) winnings to prize winners?	1c	ĺ	
A A				

	m 990 (2023) ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355		F	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 2		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 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 lifting requirements for FinCleN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a		_00		
	Organization solicit any contributions that wore not toy deductible as about the second of the secon	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ua		<u> -21</u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ao		
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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282? If "Yes" indicate the number of Forms 8282 fled during the area.	_]	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- _	ĺ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	-	- [
	against amounts due or received from them)	1 1		
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	4	- 1	
b	If "Yes," enter the amount of tax-exempt interest received as secured decimal the secu	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
	Is the organization licensed to issue qualified health plane in years than you state a			
-	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	_	
b	Enter the amount of reserves the organization is required to maintain by the states in which		ľ	
-	the organization is licensed to issue qualified health plans.		1	
c	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1 1		
14a	Did the organization receive any payments for indeed by	<u> </u>		
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report those payments? If "No." " " " " " " " " " " " " " " " " " "	14a		<u> </u>
	" 105, Tido it filed a 1 offit 720 to report triese payments? If "No," provide an explanation on Schedule O	14b		
- •	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			
	excess parachute payment(s) during the year?	15		<u>X</u> _
	res, see instructions and tile Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u> _
	ir res, comprete nom 4720, Schedule O.			-
• •	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1	- 1	

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PUEBLO

Form 990 (20	23) ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, at	Page : n d
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	П
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	<u> </u>
1a Complete	this table for all persons required to be listed. Depart assessment of the first of	

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any relate	ed organization com	pensated any curre	nt officer, director,	or trustee.
	t I				

		related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week	bo of	ox, uni ficer a	Po check ess p	osition k more than one person is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the from the organization and related organizations		
(1) LAURA ADAMSON		\dagger	-	_	-	-						
ASSISTANT TREASURER	5.00 0.00	x						O	o	o		
(2) SUSAN BERNAL	F 00							····				
PRESIDENT	5.00 0.00	x		x					_			
(3) PAT GONZALEZ	0.00	^	-	Λ			-	0	0	0		
PRESIDENT ELECT	5.00 0.00	x						0	0			
(4) SANDRA GOTFRED		_								0		
2ND VICE-PRESIDENT	5.00 0.00	х		x				0	0	0		
(5) SHIRLEY KNAFELC												
1ST VICE-PRESIDENT	5.00 0.00	x		x			-					
(6) RHONDA LEWIS	0.00		\vdash	≏∣	\dashv	-		0	0	<u> </u>		
TREASURER	20.00	x		x				o	0	0		
(7) PHYLLIS MCCARTHY							一					
STRATEGIC PLANNING	5.00 0.00	х		x				0	o	0		
(8) MARY KAY PETERS	F 00		ĺ		ĺ	ļ						
MARKETING/COMMUNICAT	5.00 0.00	x		x				0	o	0		
(9) PAM ROBERTS	E 00		[
3RD VP/RESOURCE DEVE	5.00 0.00	x		\mathbf{x}		1				_		
(10) AUDRY SARTIN	3.00		\dashv		\dashv	+	+	0	0	0		
SECRETARY	5.00 0.00	x		x				0	0	0		
(11)												

(A) Name and title		(C) Position (do not check more than box, unless person is bo officer and a director/tru						tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	emplayee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from ganizati		
(12)														
(13)														
(14)	•••••													
(15)	••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
(16)		.,,,,,,,,,												
(17)		,												
(18)												***************************************		
(19)	***************************************													
c Tot	btotal tal from continuation sheet tal (add lines 1b and 1c)	s to Part VII, Se	ctior	n A .										
2 lot	tal number of individuals (incluoration trom the	uding but not limite	ed to	thos 0	se lis	ted a	above	e) wh	o received more than \$100,	000 of		100		
3 Did	I the organization list any form	ner officer, directo	or, tri	ustee	e, key	/ em	ploye	e, o	r highest compensated		Γ		Yes	No
4 For	ployee on line 1a? If "Yes," co any individual listed on line 1	la, is the sum of i	repoi	rtable	con	nen	satio	n and	d other compensation from t	he	-	3		_X
org indi	anization and related organiz ividual any person listed on line 1a senires rendered to the organi	ations greater tha	n \$1	50,0	00? / 	f "Υε 	es," c	ompi	lete Schedule J for such		L	4		x
	scratcos icridered to the orga	anization in res,	con	npen: nplet	sation e Sc	n froi <i>hedu</i>	m an <i>ıle J</i>	y uni for s	elated organization or individuel uch person	tual		5		х
1 Cor	 Independent Contractors mplete this table for your five 	s highest compens	ated	inde	pend	ent (conte	actor	s that received more than \$	100 000 of				
con	npensation from the organizat	ion. Report comp (A) business address	ensa	tion	for th	e ca	lend	ar ye	ar ending with or within the	organization's tax year.			(C)	
	Name and t	ousiness address							Description	B) of services		Com	(C) pensatio	חכ
														1
	Vicin SALIS									,				
							ŀ							
-														
2 Tota	al number of independent con	stractom (including												
2 10lc	eived more than \$100,000 of	ผาสดเดาร (มาดเนนเทยู	DUL	not	limite	d to	thos	e liste	ed above) who		l l			

_	art	VIII Statem Check	ient o	of Revenue edule O cor	ntains	a respo	onse or note	to any line in th	nis Part VIII		
			• • • • • • • • • • • • • • • • • • • •					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
IIS	ន្ទ 1	a Federated cam	paigns		1a						
8	o o	b Membership du	ies		1b		8,330				
ś	A	c Fundraising eve	ents		1c						İ
き	<u>la</u>	d Related organiz	zations į		_1d						
Ñ	Ē	e Government grants	(contributio	ns)	1e						
Contributions, Gifts, Grants	ther	f All other contributions and similar amounts g Noncash contributions	not indude	ed above	1f		228,667				
ontri		lines 1a-1f	- · - <i>,</i> · · · .		1g	\$	182,814				
<u>~</u>	<u>"</u>	h Total. Add lines	3 1 a –11		· · · · · · · · ·		1 ""	236,997			
_	2	a					Business Code				
Ş	-										
æ											
Program Service	8	c d									
ğ	9										
Δ	`	f All other program	n earvie	o revenue		· · · · · · · · · · · ·					
		Total. Add lines								****	
	3		me (incl	udina dividende	interes	et and					1
		other similar am						14,616	14 616		
	4	Income from inv		of tax-exemnt	hond or	nceede		14,010	14,616		
	5	Royalties					.,,,,,,,,,				
		,		(i) Real			Personal				
	6a	Gross rents	6a			(-)					
	b	Less; rental expenses	6b								
	C	: Rental inc. or (loss)	6c					İ			
	_d	Net rental incom	e or (los	ss)							
	7a	Gross amount from sales of assets		(i) Securitie:			Other				
	1	other than inventory	7a		***		800				
ē	b	Less: cost or other							ĺ		
Other Revenue		basis and sales exps.	7b								
æ	c	Gain or (loss)	7c				800		1		
Ĕ	d	Net gain or (loss))		· <u>··</u> ····			800	800		
₹	8a	Gross income from	ı fundrais	sing events							
	ĺ	(not including \$	<i>.</i>								
	l	of contributions rep	orted on	line						ĺ	
	l	1c). See Part IV, lir			8a		284,988				
	b	Less: direct expe	inses		8b		182,814				
	C	Net income or (lo	oss) fron	n fundraising e	vents .			102,174			
	9a	Gross income fro									
		activities. See Pa	rt IV, lin	e 19	9a						
	b	Less: direct expe	nses		9b						
		Net income or (lo			ies	• • • • • • • • • • • •					
	10a	Gross sales of in	-	less							
		returns and allow			10a					1	
		Less: cost of goo			10b						
	C	Net income or (lo	ss) from	sales of inven	tory						
3	44-						Business Code				
	11a										
Revenue	b	• • • • • • • • • • • • • • • • • • • •									
58	C C	All other many			• • • • • • • • •						
		All other revenue									
	12	Total revenue S	11a-110	uotiono				254 505		<u> </u>	
	14	Total revenue, S	CC IUS(L	uctions				354,587	15,416	0	0

Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	nplete all columns. All other	organizations must complet	e column (A).	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	X
8b,	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1			expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					
	trustees and key employees				
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Payroll taxes Fees for services (nonemployees):				
b					
		10 000			
d	Accounting Lobbying	10,088		10,088	
e					
f					
g	Investment management fees			***	
9	t State of the Lat				
12	(A) amount, list line 11g expenses on Schedule O.)	3 000			
13	Advertising and promotion	3,909	2,375	103	1,431
14	Office expenses	303	209	9	85
15	Information technology				
16	Royalties	40 504			
	Occupancy	42,504	27,162	1,181	14,161
17 18	Travel				
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials				
20	Conferences, conventions, and meetings				
20 21	Interest	24,331	16,788	730	6,813
22	Payments to affiliates	10 555			
23	Depreciation, depletion, and amortization	19,577	13,509	587	5,481
	Insurance	14,136	6,901	300	6,935
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	00 660			
a	CLOTHING FOR OPERATION SC	83,660	83,660		
b	FOOD/ENTERTAINMENT	49,340			49,340
ç	SECURITY FOR COURTS	47,321			47,321
d	TUITION FOR STUDENTS	20,000	20,000		
• •	All other expenses	41,691	9,886	8,149	23,656
25 26	Total functional expenses. Add lines 1 through 24e	356,860	180,490	21,147	155,223
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 214,737 152,578 1 Savings and temporary cash investments 293,448 2 305,752 Pledges and grants receivable, net 3 Accounts receivable, net ______ 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 71,050 81,473 8 9 Prepaid expenses and deferred charges 5,237 9 2,653 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _________10a 1,313,922 b Less: accumulated depreciation 10b 393,209 892,298 920,713 Investments—publicly traded securities 11 108,863 11 124,403 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,585,633 1,587,572 16 Accounts payable and accrued expenses 17 12,499 11,221 17 Grants payable 18 18 Deferred revenue 19 90 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 419,789 411,791 23 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 Total liabilities. Add lines 17 through 25 432,378 26 423,012 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions 1,153,255 27 1,164,560 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,153,255 1,164,560 32

Form **990** (2023)

1,587,572

1,585,633

	n 990 (2023) ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355			P:	age 12					
P	art XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI				П					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	,.,	54	587					
2	rotal expenses (must equal mart IX, column (A), line 25)	2			860					
3	revenue leas expenses. Subtract line 2 normaine 1	3			273					
4	recrasses of futto balances at beginning of year (must equal Part X, line 32, column (A))	4	1.1		255					
5	5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities									
6	Donated services and use of facilities Investment expenses	6			578					
7	37-2-1000	7								
8	· not ported dejectricing	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3								
	32. column (B))	10	1 1	61	E60					
Pa	ert XII Financial Statements and Reporting	10	1,1	04,	560					
	Check if Schedule O contains a response or note to any line in this Part XII									
	a coponed of floto to diffy lifte in tigle I all All				T					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			37						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	X	 					
	reviewed on a separate basis, consolidated basis, or both.			•						
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ					
b	Were the organization's financial statements audited by an independent accountant?		۱							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b		X_					
	separate basis, consolidated basis, or both.									
c	Dout consolidated and separate pasis									
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		1	j						
3a										
Ju	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				ı					
h			3a		X					
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							
			Fort	990	(2023)					

SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Inspection

Name of the organization Employer Identification number ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Part i Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources..... Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 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 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f) 14 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test — 2023. 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 33 1/3% support test — 2022. 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 10%-facts-and-circumstances test — 2023. 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 _____ 10%-facts-and-circumstances test — 2022. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions _____

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

(Complete only if you checked the box on line 10 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	quality artaor t	ino tooto notoa i	ociow, picase (somplete rait i	1.7	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees		· · · · · · · · · · · · · · · · · · ·	(-/	(4, 2022	(0) 2020	(i) Total
	received. (Do not include any "unusual grants.")	170,935	146,854	174,723	218,408	236,997	947,917
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	88,801	107,919	208,692	225,347	299,604	930,363
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	259,736	254,773	383,415	443,755	536,601	1,878,280
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						-
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,878,280
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	259,736	254,773	383,415	443,755	536,601	1,878,280
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,371	13,968	6,546	7,899	14,616	48,400
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,371	13,968	6,546	7,899	14,616	48,400
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	į					
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First 5 years. If the Form 990 is for the organization	265,107	268,741	389,961	451,654	551,217	1,926,680
17	organization, check this box and stop here			-	,		
Sec	tion C. Computation of Public Su	upport Percent	ane	****************			L
15	Public support percentage for 2023 (line 8, c	clump (f) divided by	line 13 column (ft)			15	07.40.9/
16	Public support percentage from 2022 Schedu	ule A. Part III. line 1	5			16	97.49 % 97.67 %
Sec	tion D. Computation of Investme	nt Income Per	centage				97.67 70
17	Investment income percentage for 2023 (line	10c, column (f), divi	ided by line 13, colu	mn (f))		17	3%
18	Investment income percentage from 2022 Sc	chedule A, Part III, li	na 17			امدا	2 %
19a	33 1/3% support tests — 2023. If the organ			and line 15 is more	than 33 1/3%, and		
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests — 2022. If the organi	and stop here. The	organization qualifie	s as a publicly sup	ported organization		X
	line 18 is not more than 33 1/3%, check this t	hox and stop boro	The argenization as	mac iod, diNO IINE 1 alifice ae a sublich:	o is more than 33.1	/3%, a∏0	
20	Private foundation. If the organization did n	ot check a box on lir	ne 14, 19a, or 19b, o	check this box and	see instructions		H

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sche	dule A	(Form 99	0) 2023

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

	ule A (Form 990) 2023 ASSISTANCE LEAGUE OF PUEBLO		NC. 23-7127	355 Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(A) FINITE al	(optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		J	<u> </u>
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2_	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, fine 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Type	III euro	norting organization	

Schedule A (Form 990) 2023

(see instructions).

ASSISTANCE LEAGUE OF PUEBLO, INC. Schedule A (Form 990) 2023 23-7127355 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024, Add lines 3i and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022. e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023	ASSISTANCE	LEAGUE	OF	PUEBLO,	INC.	23-71273	55	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Provide IV, Section A, lines 1 I; Part IV, Section C, I t V, line 1; Part V, Se 3. Also complete this	the explana , 2, 3b, 3c, 4 ine 1; Part I ction B, line	itions lb, 4c, √, Sec 1e; Pa	required by 5a, 6, 9a, to tion D, lines art V. Section	Part II, line 9b, 9c, 11a, s 2 and 3; F on D. lines 5	10; Part II, line 11b, and 11c; art IV, Section 6. and 8; and	17a or Part IV, E. lines	17b; Part Section 1c. 2a. 2b
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization Employer Identification number ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? ______ Yes ___ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8, 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement 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. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement 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 the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (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 gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Schedule D (Form 990) 2023 ASSIST	ANCE LEAGUE	OF PUEBLO,	INC.	23-71273	55		Page 2
Part III Organizations Maintai	ning Collections of	of Art, Historical	Treasures	, or Other Sim	ilar Assets	(contin	ued)
3 Using the organization's acquisition, acceded collection items (check all that apply).	ssion, and other records,	, check any of the follo	wing that make	significant use of it	ts		·
a Public exhibition	d 🗌	Loan or exchange p	rogram				
b Scholarly research	e	Other	- 3				
c Preservation for future generations				.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4 Provide a description of the organization's XIII.	collections and explain	how they further the or	ganization's ex	empt purpose in Pai	rt		
5 During the year, did the organization solid	it or receive donations of	f art, historical treasure	s. or other simi	iar			
assets to be sold to raise funds rather tha	in to be maintained as pa	art of the organization's	collection?			Yes	□No
Part IV Escrow and Custodial	l Arrangements			*****			}
Complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete in the complete is the complete in the complete i	ation answered "Ye	s" on Form 990,	Part IV, line	9, or reported	an amount	on Form	1
1a Is the organization an agent, trustee, cust	odian or other intermedia	ary for contributions or	other assets no	ıf			
included to Etc. Occ. B. 4346						Yes	П №
b If "Yes," explain the arrangement in Part >	(iil and complete the follo	owing table.	• • • • • • • • • • • • • • • • • • • •			L res	
	•			ſ		Amount	
c Beginning balance					1c	, iiiioan	
d Additions during the year					1d		
e Distributions during the year		*******************************	************		1e		
f Ending balance				***************************************	1f		
2a Did the organization include an amount or	Form 990, Part X, line 2	21. for escrow or custo	dial account lia	L hilitv?	- 11	Yes	No
b If "Yes," explain the arrangement in Part X	III. Check here if the exp	lanation has been prov	rided on Part X	□III.	• • • • • • • • • • • • • • • • • • • •	162	H
Part V Endowment Funds		ici (dilori Fido Decit prov	naca on i ait X			*	
Complete if the organiza	ation answered "Yes	s" on Form 990. I	Part IV. line	10			
· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prior year	(c) Two yes		ee years back	(e) Four ye	ars back
1a Beginning of year balance				(-, -, -, -, -, -, -, -, -, -, -, -, -, -	Joseph Bush	(0) (001)0	ara back
b Contributions							
c Net investment earnings, gains, and	•						
losses							
d Grants or scholarships							
e Other expenditures for facilities and	****				***************************************		
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cu	irrent vear end halance /	line 1a, column (a)) ha	ld oo:		<u>L</u>		
a Board designated or quasi-endowment	y source on a room year.	ine 19, widitiit (a)) tie	iu as.				
b Permanent endowment	%						
c Term endowment %	70						
The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a Are there endowment funds not in the post			laskalaka a a life a d	t			
organization by:	session of the organizatio	an macare nero ano ao	iministered for t	ne			
						Ye	s No
(i) Unrelated organizations?						3a(i)	
(ii) Related organizations? b If "Yes" on line 3a(ii) are the related organ	irations listed as semiler	l O-b-dd- DO				3a(ii)	
b If "Yes" on line 3a(ii), are the related organDescribe in Part XIII the intended uses of the second of the second or the se	zaliono noleu ao reguneu	on schedule R?				3b	
Part VI Land, Buildings, and E	ne organization's endowr	ment tunas.					
,	iquipment	" C 000 D	and O.Z. Paran	44 0 =			
Complete if the organization of property							
possiplier of property	(a) Cost or other I (investment)	,,,	other basis	(c) Accumulated	· · · · · ·	(d) Book value	9
1a Land		(oth		depreciation			
1a Land			60,975				, 975
b Buildings		9	88,711	336,	υ <u>98</u>	652	, 613
c Leasehold improvements			C1 000				
d Equipment			64,236	57,	111	7	<u>,125</u>
e Other							
otal. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	, line 10c, column (B))				920	,713

(8) (9)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on the 1 tam not on Form 990, Part VIII, line 12 a Net unresitored gains (sossay) on investments b Conted services and use of foolilles c Recoveries of pixty very grants d Other (Decorbe in Part XIII) e Add lines 24 through 2d 3 Subtract time 2 from line 1 4 Amounts inclusted on Form 990, Part VIII, line 12, but not on line 1: a Insestment appropries not included on Form 990, Part VIII, line 16 5 Total invenue, and lines 2 and 4e. (The must equal Form 990, Part IV, line 12) 4 Total expenses and tools and the complete if the organization answered "Ves" on Form 990, Part IV, line 12 Amounts included on Form 990, Part IV, line 25 a Dorasted services and use of facilities 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12 Amounts included on Form 990, Part IV, line 25 a Dorasted services and use of facilities 2 Depart XIII 1 Total expenses and losses per audited financial statements 2 Depart XIII 2 Depart XIII 2 Depart XIII 2 Depart XIII 3 Subtract the 2-bett on line 1 4 Amounts included on Form 990, Part IV, line 25. b Consider losses and set of facilities 2 Depart XIII 4 Depart XIII 5 Depart XIII 5 Depart XIII 6 Depart XIII 7 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 8 Depart XIII 9 Depart XII	Schedule D (Form 990) 2023 ASSISTANCE LEAGUE OF PUE	BLO, INC. 23-	7127355	Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 De Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XIII Supplemental Information	Part XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return	
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	e Add lines 2a through 2d		20	
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4 Amounts included on Form 990. Part IX, line 25, but not on line 1:			
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		12		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b Other (Describe in Part XIII)	4a 4h		
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	c Add lines 4a and 4b			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		······································	4C	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	Part XIII Supplemental Information	/		
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Part IV lines 1h and 2h: Part V line	At Dart V. line	
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pu	ovide any additional information	; 4, Fall A, line	
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Schedule D (Fo	rm 990) 2023 🛛 🗸	ASSISTANCE	LEAGUE	\mathbf{OF}	PUEBLO,	INC.	23-7127355	Page 5
Part XIII	Supplementa	I Information (continued)					
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization ASSISTANCE LEAGUE	OF PUEBLO	O, IN	۱C.		Employer identificat 23-71273	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organiza	tion an	SWE		990, Part IV, lin	e 17.
Indicate whether the organization raised funds through				eck all that apply.		
a Mail solicitations				ernment grants		
b Internet and email solicitations			-	ent grants		
c Phone solicitations				-		
d In-person solicitations	g L_ Special fu	ıııdıaısırıy	eve	aus		
2a Did the organization have a written or oral agreement	with any individual (in	oludina s	.ee.	an diameter to the		
or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (I	in connection with p	rofession	ıal fu	undraising services?	raiser is to be	Yes No
compensated at least \$5,000 by the organization.	Trial de la parecalit			to dilder which the lands		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	((ii) Did raiser t custody control	nave y or ! of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5		-				
_						
6					VIII MA	******
7						
8			-			
9		+ +				
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0						
otal		!				
List all states in which the organization is registered or li registration or licensing.		ributions	or h	as been notified it is exe	mpt from	18. As. A. ()

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		gross receipts of	greater than \$5,000.	one and groot moonie on .	om ood EZ, mics i ai	nd 6b. List events with
			(a) Event #1 BARGAIN BOX THR	(b) Event #2 FASHION SHOW	(c) Other events	(d) Total events (add col. (a) through
Revenue	1	Gross receipts	(event type) 182,939	(event type) 102,049	(total number)	col. (c))
ď	2	Less: Contributions	202,000	102,043		284,988
	3	Gross income (line 1 minus line 2)	182,939	102,049		284,988
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	182,814		, , , , , , , , , , , , , , , , , , ,	182,814
	10 11 art	Net income summary. Sub	Add lines 4 through 9 in column (d) ract line 10 from line 3, column (d) Diete if the organization ansv		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	182,814 102,174
			m 990-EZ, line 6a.		artiv, line 19, or repo	rted more than
Revenue		}	(a) Singo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Gross revenue				
suses	9					
မွာမ	_	Cash prizes				
Δ Ω	3	Noncash prizes				
Direct Expenses	3					
Direct E	3	Noncash prizes	Yos 94	Voc. 0/		
Direct E	3 4 5	Noncash prizes Rent/facility costs	Yes %	Yes %	Yes %	
Direct E	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	1 1	No	No	
Direct 5	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A	No	No	No	
9 a	3 4 5 6 7 8 Enter Is the	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summar er the state(s) in which the come organization licensed to come	dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activities onduct gaming activities in each of the	n (d)	No	Yes No
9 a	3 4 5 6 7 8 Enter Is the	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summarer the state(s) in which the one organization licensed to color," explain:	dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activitie	n (d)	No	Yes No
9 a b	3 4 5 6 7 8 Enter	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summar er the state(s) in which the come organization licensed to cono," explain: The any of the organization's government of the organization organization."	No dd lines 2 through 5 in column (d) ry. Subtract line 7 from line 1, column organization conducts gaming activities onduct gaming activities in each of the	n (d) es: ese states? or terminated during the tax year?	No	Yes No

Sche	dule G (Form 990) 2023	ASSISTANCE	LEAGUE	OF	PUEBLO,	INC.	23-7127355			F	age 3
11	Does the organization condu	uct gaming activities with	nonmembers?	?					П		ЙΝα
12	is the organization a grantor,	, beneficiary or trustee of	a trust, or a m	nembei	of a partnershi	p or other entity			_		
	formed to administer charital	ble gaming?					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
13	Indicate the percentage of g								_		
a	The organization's facility							13a			%
b	An outside facility	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4	13b			%
14	Enter the name and address records:	of the person who prep	ares the organ	ization	's gaming/specia	al events books	and				
	Name		• • • • • • • • • • • • • • • • • • • •		,						
	Address								******		
15a	Does the organization have a revenue?				-				П,	vae [ר ח Nα
b	If "Yes," enter the amount of	gaming revenue received	d by the organi	ization	\$		and the		ш	165	
	amount of gaming revenue re	etained by the third party	\$		*		, απο στο				
С	If "Yes," enter name and add	lress of the third party:									
	Name	***************************************		,,,,,,,	***********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	Address										
16	Gaming manager information	n:									
	Name	•••••									
	Gaming manager compensat	tion \$									
	Description of services provide	ded			••••••						
	Director/officer	Employee	Inde	pende	nt contractor						
17	Mandatory distributions:										
а	Is the organization required u	nder state law to make o	charitable distri	butions	from the gamir	na proceeds to					
	retain the state gaming licens	10°			-		***************************		\sqcap	res [No
b	Enter the amount of distribution	ons required under state	law to be distr	ibuted	to other exempt	t organizations o	or	.,	<u> </u>		
***	spent in the organization's ow	n exempt activities during	g the tax year		\$	_					
Par	t IV Supplemental	I nformation. Pro 9, 9b, 10b, 15b, 15d	vide the ex	plana	itions require	ed by Part I, e. Also provi	line 2b, columns (iii de any additional inf) and (v ormatio	/); ar n.	nd	***************************************
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open To Public Inspection

Name of the organization Employer identification number ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art _____ 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household THRIFT STORE SALES Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock ... 10 Securities - Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation 13 contribution — Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 17 Real estate — Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other (______) 1 182,814 26 Other (______) 27 Other (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (For	m 990) 2023 ASS	ISTANCE I	LEAGUE (OF PUEBLO	TNC	23-712735	5	Page 2
Part II	Supplemental	I nformation. n is reporting	. Provide the in Part I. co	e information re plumn (b), the r	equired by Pa number of co	ort I, lines 30b, 33	2b, and 33, and who umber of items reco	ether
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ, Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

INTEREST

Schedule O (Form 990) 2023

Name of the organization Employer identification number ASSISTANCE LEAGUE OF PUEBLO INC. 23-7127355 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS THIS PHILANTHROPIC PROGRAM PROVIDES CUDDLY BEARS, DRESSED IN T-SHIRT WITH THE AL-PAL LOGO. THEY ARE DISTRIBUTED TO BUSINESSES AND SCHOOLS WHO SERVE CHILDREN AT RISK THAT MAY HAVE SUFFERED MENTAL, PHYSICAL OR SEXUAL ABUSE FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS A VOLUNTEER ORGANIZATION PROVIDING CLOTHING, EDUCATION, AND HELP TO DISADVANTAGED CHILDREN AND ADULTS IN THE PUEBLO AREA. OUR VOLUNTEERS ARE MEMBERS OF THE LOCAL ASSISTANCE LEAGUE ORGANIZATION, IS A CHARTERED CHAPTER OF THE NATIONAL ASSISTANCE LEAGUE. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS VOLUNTEERS, WHO ARE MEMBERS OF THE ORGANIZATION, ELECT AND APPOINT MEMBERS TO THE ORGANIZATION'S GOVERNING BODY. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE VOLUNTEER ORGANIZATION IS ENTIRELY MADE UP OF ITS MEMBERS GOVERNANCE DECISIONS OF THE ORGANIZATION ARE VESTED WITH ITS MEMBERS WHO PERFORM PROGRAM, OPERATIONAL, AND FUNDRAISING DUTIES FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED AT A MEETING PRIOR TO FILING FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF

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

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

ASSISTANCE LEAGUE OF PUEBLO, INC.

Identifying number 23-7127355

	ness or activity to which this form relat				***************************************			
	NDIRECT DEPRECIA							
Р	art I Election To Expe	ense Certain Pro	perty Under Section	n 179				
1	Mote: If you nave	any listed proper	rty, complete Part V	before you	<u>ı complete Pa</u>	art I.		
2	Maximum amount (see instruction			,,,,,,,,,,,,,,			1	1,160,000
3	Total cost of section 179 property	/ piaced in service (see	instructions)				2	
4	Threshold cost of section 179 pro	perty before reduction	in limitation (see instruction	ns)			3	2,890,000
5	Reduction in limitation. Subtract li			, , , , , , , , , , , , , , , , , , , ,			4	
6	Dollar limitation for tax year, Subtract	ion of property					5	
<u> </u>	(a) Descripti	or or property	(b) (Cost (business use	only) (c) Elected cost	*******	
7	Listed property. Enter the amount	from line 20			T =			
8	Total elected cost of section 179	proporty Add omounts	in polynom (a) these C and	· · · · · · · · · · · · · · · · · · ·	7		Т.	
9	Tentative deduction. Enter the sn	property. Add arribuilts					8	
10	Carryover of disallowed deduction						9	
11	Business income limitation, Enter	the emaller of husiness	income (not less than to	ra\ an lina E (10	
12	Section 179 expense deduction. A	idd lines 0 and 10 hut	don't enter more than line	10) OF TIPLE 5. 3	see instructions .		11	
13	Carryover of disallowed deduction	to 2024 Add lines Q a	nd 10 foce line 12	U	13		12	
	: Don't use Part II or Part III below	for listed property. Inste	ad use Part V	**********	13			
			and Other Depreci	tion (Don	³ t include list	ad propo	rtic C	Poor instructions \
14	Special depreciation allowance for	qualified property (office	er than listed property) pla	ced in service	t include list	ed prope	l v. c	see instructions.)
	during the tax year. See instruction	ns	or than listed property) pla	CCG III SCIVICE	•		14	
15	Property subject to section 168(f)((1) election	************************		• • • • • • • • • • • • • • • • • • • •		15	
16	Other depreciation (including ACF	RS)				• • • • • • • • • • • • • • • • • • • •	16	3,641
Pa	art III MACRS Deprecia	ation (Don't include	de listed property. S	ee instruct	ions)		1 10	
			Section A					
17	MACRS deductions for assets plan	ced in service in tax ye	ears beginning before 2023	}			17	14,874
18	If you are electing to group any assets place						<u> </u>	
	Section B-	-Assets Placed in Se	rvice During 2023 Tax Y	ear Using th	e General Depre	eciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
<u>d</u>	10-year property							
e	15-year property							
f	20-year property							
g_	25-year property			25 yrs.		S/L	i	
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real	07/24/23	47,465	39 yrs.	MM	S/L		1,065
	property				MM	S/L		
	Section C—A	ssets Placed in Servi	ice During 2023 Tax Yea	r Using the	Alternative Dep	reciation S	ystem	
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
<u>d</u>	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See in							
21	Listed property. Enter amount from		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				21	
22	Total. Add amounts from line 12, li	nes 14 through 17, line	es 19 and 20 in column (g)	, and line 21.	Enter	1	_	40 =00
23	here and on the appropriate lines of For assets shown above and place	и your return. Partnersl	nips and S corporations—	see inst <u>ruction</u>	1S	*******	22	19,580
	portion of the basis attributable to s		current year, enter the	23		ŀ		

FYE: 5/31/2024

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Federal Asset Report Form 990, Page 1

10/02/2024 Page 1

Asse	et Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Non</u> 85	-Residential Real Property: Building Improvements- I112 Pueblo Blvd.	V 7/24/23	47,465 47,465	-	47,465 47,465	39 MM S/L	0 0	1,065 1,065
81	r MACRS: BUILDING 1112 PUEBLO BLVD WAY IMPROVEMENTS 1112 PUEBLO BLVD V	9/01/22 V 9/01/22	522,966 57,065 580,031	- =	522,966 57,065 580,031	39 MM S/L 39 MM S/L	9,498 1,036 10,534	13,410 1,464 14,874
14 55 66 78 9 10 11 11 12 13 14 15 166 17 18 19 20 21 22 23 24 25 26 27 28 29 37 38 39 41 42 43 44 45 55 57 58 59 60 61 62 63 65 65	IMPROVEMENTS - 331 E 4TH STORM WINDOW - 331 E 4TH INSULATION - 331 E 4TH OSB REMODEL - 331 E 4TH OSB REMODEL - 331 E 4TH BB REMODEL - 331 E 4TH ADDITION - 331 E 4TH REMODEL - 331 E 4TH STORAGE SHED - 331 E 4TH STORAGE SHED - 331 E 4TH STORAGE SHED - 331 E 4TH STORAGE SHED - 331 E 4TH STORAGE SHED - 331 E 4TH STUCCO NORTH WALL CARPETING CARPETING - SECOND HALF SEWER LINE REMODEL - 331 E 4TH NEW ROOF CARPET - BARGAIN BOX MORGAN BUILDING HOT WATER HEATER APPLIANCE INSTALLATION BARGAIN BOX CARTS FURNACE NEW LIGHTING BARGAIN BOX-REMODEL CARPET & S AWNING - BARGAIN BOX PRELIMINARY BUILDING RENOVATIOI EQUIPMENT SIGN MICRO/CART AIR CONDITIONER TABLES EQUIPMENT COMPUTER CABINET COMPUTER CABINET COMPUTER CABINET COMPUTER CABINET COMPUTER PRINTER BB REC ROOM SHELF / RACK LOUNGE REFRIGERATOR PHONES HP COMPUTER TIBLES & CHAIRS - CHESTER	5/18/09 6/01/17 7/01/80 1/01/86 5/01/93 8/01/93 3/01/94 11/01/94 11/02/95 4/30/97 2/28/97 7/31/96 5/31/98 4/30/99 4/30/99 4/30/99 4/30/99 4/30/99 4/04/09 3/14/11 6/01/00 10/01/01 10/023/06 7/23/06 5/06/13	15,000 52,808 4,753 914 1,420 425 41,929 29,082 86,088 4,666 1,600 4,294 1,425 1,819 1,819 9,250 13,921 8,167 1,839 1,847 450 1,200 385 2,482 5,510 16,111 4,487 39,007 3,974 275 329 1,612 195 2,194 9,773 325 2,526 279 762 399 600 203 640 107 231 738 238 1,200 7,217 2,557 537 2,374 1,052 2,589 1,152		1,420 425 41,929 29,082 86,088 4,666 1,600 4,294 1,425 1,819 9,250 13,921 8,167 1,839 1,847 450 1,200 385 2,482 5,510 16,111 4,487 39,007 3,974 275 329 1,612 195 2,194 9,773 3,25	0 Land 25 MO S/L 5 MO S/L 10 MO S/L 10 MO S/L 110 MO S/L 20 MO S/L 20 MO S/L 20 MO S/L 20 MO S/L 20 MO S/L 210 MO S/L 20 MO S/L 20 MO S/L 20 MO S/L 20 MO S/L 5 MO S/L 5 MO S/L 6 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L	0 52,808 4,753 914 1,420 425 41,929 29,082 86,088 4,666 1,600 4,294 1,425 1,819 9,250 13,921 8,167 1,839 1,847 450 1,200 385 2,482 5,510 16,111 4,487 6,001 3,974 275 329 1,612 195 2,194 9,773 325 2,526 279 762 399 600 203 640 107 231 738 238 1,200 7,217 2,557 537 2,374 1,052 2,589 1,152	000000000000000000000000000000000000000

FYE: 5/31/2024

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Federal Asset Report Form 990, Page 1

10/02/2024 Page 2

Asset	Description	Date In Service	Cost	Bus Sec % 179	Bonus	Basis	Don	Cany Math	Duiau	Cumant
				70 173	D <u>onus</u> _	for Depr	_	Conv Meth	<u>Prior</u>	Current
69	GOBINS - PANELS FOR OFFICE SPACE	1/26/14	817			817		MO S/L	817	0
70	SMART WATT-BLACK HILLS - LIGHTBU		7,341			7,341	5	MO S/L	7,341	0
71	MAJOR PLUMBING REPAIRS	5/01/16	4,098			4,098		MO S/L	2,903	410
72	HP 260/AMD COMPUTER	1/31/18	545			545		MO S/L	545	0
73	NEW FRONT DOOR	2/02/20	350			350	39	MO S/L	30	9
74	HOT WATER HEATER	12/18/19	1,750			1,750	7	MO S/L	854	250
75	2 NEW SWAMP COOLERS	4/12/20	7,389			7,389		MO S/L	1,560	493
76	WINDOW TINT	4/03/20	3,220			3,220	39	MO S/L	261	83
77	CHRISTMAS TREES	9/17/19	1,089			1,089	7	MO S/L	570	156
78	LAPTOP COMPUTER	7/23/21	700			700		MO S/L	257	140
79	6- 12FT CHRISTMAS TREES	10/23/06	1,780			1,780	7	MO S/L	1,780	0
90	Sold/Scrapped: 9/22/23									
80	LAND 1112 PUEBLO BLVD WAY	9/01/22	245,975			245,975	0	Land	0	0
83	LAND IMPROVEMENTS 1112 PUEBLO E		13,200			13,200		MO S/L	660	880
	CLOSING COSTS 1112 PUEBLO BLVD	9/01/22	4,250			4,250		MO S/L	128	170
86	2 NEW CHRISTMAS TREES	9/22/23	528		_	528	7	MO S/L	0	50
	Total Other Depreciation		689,808			689,808			366,476	3,641
	·	•			_					3,011
	Total ACRS and Other Depreci	ation	689,808			689,808			366,476	3,641
	F	=			=	33,500			300,170	3,011
	Grand Totals		1,317,304			1,317,304			377,010	19,580
	Less: Dispositions and Transfers	s	3,380			3,380			3,380	0,500
	Less: Start-up/Org Expense		0			0,500			0,500	ŏ
	Net Grand Totals	-	1,313,924			1 212 024			272.620	10.500
	THE GIANG TORIS	=	1,313,924		202	1,313,924			373,630	19,580

21473 ASSISTANCE LEAGUE OF PUEBLO, INC.

23-7127355 FYE: 5/31/2024

AMT Asset Report Form 990, Page 1

10/02/2024 Page 1

Date Bus Sec Basis Asset Description Cost In Service % 179 Bonus for Depr Per Conv Meth Prior Current Non-Residential Real Property: 85 Building Improvements- 1112 Pueblo Blvd. V 7/24/23 47,465 47,465 39 MM S/L 1,065 47,465 47,465 1,065 Prior MACRS: 81 BUILDING 1112 PUEBLO BLVD WAY 9/01/22 522,696 522,696 39 MM S/L 57,065 39 MM S/L 13,403 9.493 IMPROVEMENTS 1112 PUEBLO BLVD V 9/01/22 57,065 1,036 1,464 83 LAND IMPROVEMENTS 1112 PUEBLO E 9/01/22 13,200 0 15 HY 150DB 13,200 592,961 579,761 23,729 14,867 Other Depreciation: LAND - 331 E 4TH 7/01/80 15,000 15,000 0 -- Land BUILDING - 331 E 4TH 52,808 25 MO S/L 7/01/80 52,808 52,808 0 IMPROVEMENTS - 331 E 4TH 8/01/85 4,753 4,753 5 MO S/L 4,753 914 0 STORM WINDOW - 331 E 4TH 12/01/85 914 914 10 MO S/L 0 INSULATION - 331 E 4TH FENCE - 331 E 4TH 12/01/85 10 MO S/L 1,420 1,420 1,420 0 7/01/87 425 425 15 MO S/L 425 OSB REMODEL - 331 E 4TH 5/01/88 41,929 41,929 20 MO S/L 41,929 10 BB REMODEL - 331 E 4TH 2/01/89 29,082 20 MO S/L 25 MO S/L 29,082 29,082 0 ADDITION - 331 E 4TH REMODEL - 331 E 4TH STORAGE SHED - 331 E 4TH 2/01/92 86,088 86,088 86,088 0 3/31/97 4,666 4,666 20 MO S/L 4,666 0 7/31/98 1.600 1,600 10 MO S/L Sold/Scrapped: 12/08/23 SECURITY SYSTEM STUCCO NORTH WALL 9/30/98 4,294 4,294 1,425 4,294 10 MO S/L 15 15 MO S/L 5 MO S/L 10/31/99 1,425 1,425 CARPETING 16 5/31/98 1,819 1,819 1,819 0 17 CARPETING - SECOND HALF 6/30/98 1,819 1,819 MO S/L 1,819 0 18 SEWER LINE 6/01/00 9,250 9,250 9,250 20 MO S/L Ŏ REMODEL - 331 E 4TH NEW ROOF 19 7/01/00 13,921 13,921 20 MO S/L 13,921 0 7/01/01 8,167 20 MO S/L 8,167 8,167 CARPET - BARGAIN BOX 21 7/01/01 1.839 1,839 MO S/L 1,839 Ò 5 7 7 7 MORGAN BUILDING 11/01/02 1,847 1,847 MO S/L 1,847 0 23 HOT WATER HEATER 12/01/02 450 450 MO S/L ŏ **4**50 APPLIANCE INSTALLATION BARGAIN BOX CARTS 24 12/01/02 1,200 MO S/L 1,200 1,200 0 25 2/01/03 385 385 7 MO S/L 385 26 27 2,482 5,510 **FURNACE** 1/01/04 2,482 10 MO S/L 2,482 0 NEW LIGHTING 5/18/07 5,510 5 MO S/L 5,510 0 BARGAIN BOX-REMODEL CARPET & S 10/15/06 5 MO S/L 7 MO S/L 16,111 16,111 16,111 0 29 AWNING - BARGAIN BOX 5/18/09 4,487 4,487 MO S/L 4,487 0 PRELIMINARY BUILDING RENOVATIO1 6/01/17 37 39,007 39,007 39 MO S/L 6,001 1,000 **EQUIPMENT** 7/01/80 3,974 275 5 MO S/L 5 MO S/L 3,974 3,974 0 39 SIĞN 1/01/86 275 275 0 41 MICRO/CART 5/01/93 329 329 5 MO S/L 329 42 AIR CONDITIONER 8/01/93 10 MO S/L 1,612 1,612 1,612 0 43 TABLES 3/01/94 195 195 MO S/L 195 0 **EQUIPMENT** 44 11/01/94 2,194 2,194 5 MO S/L 2,194 0 **EQUIPMENT** 45 11/02/95 9,773 9,773 MO S/L 9,773 46 VÁCUUM 4/30/97 325 325 MO S/L 0 ATTACHED DISPLAY CABINET 2/28/97 2,526 279 2,526 279 2,526 10 MO S/L 0 48 **BOOKCASES** 7/31/96 279 5 MO S/L 0 5 MO S/L 5 MO S/L 5 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L 49 **EQUIPMENT** 5/31/98 762 762 762 COMPUTER CABINET 8/31/98 399 399 399 0 COMPUTER PRINTER 4/30/99 600 600 600 n BB REC ROOM FIXTURES 4/30/99 203 203 203 0 BB REC ROOM SHELF / RACK 4/30/99 640 640 640 0 55 LOUNGE REFRIGERATOR 11/30/99 107 107 107 **PHONES** 3/17/09 231 231 MO S/L 231 0 HP COMPUTER 3/30/09 738 5 MO S/L 738 738 0 FIRE LOCK BOX 4/04/09 238 238 MO S/L 238 PR LAPTOP, PROJECTOR & SOFTWARE 3/14/11 FURNITURE - CHESTER 6/01/00 0 1.200 1,200 MO S/L 1,200 0 7,217 7,217 MO S/L 7,217 0 62 TABLES & CHAIRS - CHESTER 10/01/01 2,557 2,557 537 MO S/L Ò 2,557 63 **DOLLIES** 10/01/01 537 MO S/L 537 0 8-12 FT CHRISTMAS TREES - FUNDRAIS 10/23/06 65 2.374 2,374 7 MO S/L 0 DELL COMPUTER LAPTOP-OPERATION 7/23/06 1,052 1.052 5 MO S/L 1.052 0 UPDATED SECURITY SYSTEM 5 MO S/L 2,589 2,589 0

FYE: 5/31/2024

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 **AMT Asset Report** Form 990, Page 1

10/02/2024 Page 2

	~	Date				Basis				
Asset		n Service	e Cost	_%_	<u>179</u> Bonus	for Depr	<u>Pe</u> r	rConv Meth	Prior	Current
68	ELMERS SHEET METAL-CARBON DIOX	6/28/13	1,152		-	1,152	5	MO S/L	1,152	0
69	GOBINS - PANELS FOR OFFICE SPACE	1/26/14	817			817			817	ő
70	SMART WATT-BLACK HILLS - LIGHTBU		7,341			7,341	5		7,341	ŏ
71	MAJOR PLUMBING REPAIRS	5/01/16	4,098			4,098	10		2,903	410
72	HP 260/AMD COMPUTER	1/3 1/18	545			545		MO S/L	545	0
73	NEW FRONT DOOR	2/02/20	350			350		MO S/L	30	ğ
	HOT WATER HEATER	12/18/19	1,750			1,750	7	MO S/L	854	250
75	2 NEW SWAMP COOLERS	4/12/20	7,389			7,389		MO S/L	1,560	493
76	WINDOW TINT	4/03/20	3,220			3,220		MO S/L	261	83
77 78	CHRISTMAS TREES	9/17/19	1,089			1,089		MO S/L	570	156
	LAPTOP COMPUTER	7/23/21	700			700		MO S/L	257	140
79	6- 12FT CHRISTMAS TREES	10/23/06	1,780			1,780	7	MO S/L	1,780	0
80	Sold/Scrapped: 9/22/23 LAND 1112 PUEBLO BLVD WAY	0/01/00				_	_			
	CLOSING COSTS 1112 PUEBLO BLVD	9/01/22	Û			Ō	0		0	0
86	2 NEW CHRISTMAS TREES	9/01/22	520			0	0		0	0
00		9/22/23	528			528	7	MO S/L	0	50
	Total Other Depreciation		426,383			426,383			365,688	2,591
					-					
	Total ACDS and Other Description	• 45	407.202			10000				
	Total ACRS and Other Deprecia	ation	426,383			426,383			365,688	2,591
					=					
	Grand Totals		1,066,809			1.052.600			200 417	10.500
	Less: Dispositions and Transfers	nen	3,380			1,053,609			389,417	18,523
		5				3,380			3,380	U
	Net Grand Totals		1,063,429			1,050,229			386,037	18,523

FYE: 5/31/2024

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Bonus Depreciation Report

Form 990, Page 1

10/02/2024 Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
75 2	2 NEW SWAMP COOLERS	4/12/20	7,389		0	0	0	7,389
		Grand Total	7,389		0	0		7,389

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Depreciation Adjustment Report

10/02/2024 Page 1

FYE: 5/31/2024

All Business Activities

<u>Form</u>		Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACR	S_Adju:	stments:				
Page 1 Page 1 Page 1	1 1 1	81 82 85	BUILDING 1112 PUEBLO BLVD WAY IMPROVEMENTS 1112 PUEBLO BLVD WAY Building Improvements- 1112 Pueblo Blvd. Way	13,410 1,464 1,065 15,939	13,403 1,464 1,065 15,932	7 0 0 7

21473 ASSISTANCE LEAGUE OF PUEBLO, INC. 23-7127355 Future Depreciation Report FYE: 5/31/25

10/02/2024

Page 1

FYE: 5/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Drier					7 11011	
81	MACRS: BUILDING 1112 PUEBLO BLVD WAY	9/01/22	522,966	13,409	13,402	
82 85	IMPROVEMENTS 1112 PUEBLO BLVD WAY Building Improvements- 1112 Pueblo Blvd, Way	9/01/22 7/24/23	57,065 47,465	1,463 1,217	13,402 1,463 1,217	
ı			627,496	16,089	16,082	
Other	Depreciation:					
1 4 5 6 7 8 9 10 11 12 14 5 16 7 8 9 10 11 12 14 5 16 7 8 9 10 11 12 14 5 16 17 18 19 20 1 22 22 24 5 22 23 39 1 42 43 44 5 6 47 48 9 5 1 5 5 5 5 5 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6	PHONES HP COMPUTER FIRE LOCK BOX PR LAPTOP, PROJECTOR & SOFTWARE FURNITURE - CHESTER TABLES & CHAIRS - CHESTER	5/18/09 6/01/17 7/01/80 1/01/86 5/01/93 3/01/94 11/01/94 11/02/95 4/30/97 2/28/97 7/31/96 5/31/98 8/31/98 4/30/99 4/30/99 4/30/99 3/17/09 3/30/99 3/17/09 3/30/99 11/30/99 3/14/11 6/01/00 10/01/01 10/01/01 10/023/06 7/23/06 5/06/13 6/28/13	15,000 52,808 4,753 914 1,420 425 41,929 29,082 86,088 4,666 4,294 1,425 1,819 1,819 9,250 13,921 8,167 1,839 1,847 450 1,200 385 2,482 5,510 16,111 4,487 39,007 3,974 275 329 1,612 195 2,194 9,773 325 2,526 279 762 399 600 203 640 107 231 738 238 1,200 7,217 2,557 537 2,374 1,052 2,589 1,152 817 7,341 4,098 545	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	