Internal Revenue Service

Department of the Treasury

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

	טו נו	E 202	Calendar year, or tax year begin	11111 9 06/01/20	23	and endir	<u>'9</u>	<u> </u>		31/2024	
B c	heck if a	oplicable:	C Name of organization					D Employer ide	entifica	tion number	
	Addre		ASSISTANCE LEAGUE OF	GREATER COLLIN	COUNTY						
	chang		Doing Business As		,				-2663	3446	
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	S) F	Room/suite		E Telephone no			
	Initia	return	200 CHISHOLM PL #105					(95	72)7	69-2299	
	→	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer returi		PLANO, TX 75075					G Gross receipt	s \$	100,5	24.
	Appli pend	cation ing	F Name and address of principal officer:	RITA HANNA				H(a) Is this a grou subordinates		for Yes	X No
			200 CHISHOLM PL #105	, PLANO, TX 750	75			H(b) Are all subord		ıded? Yes	No.
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	r 527	7	If "No," attac	h a list. (see instructions)	
J	Websi	ite: 🕨	WWW.ALGCC.ORG					H(c) Group exemp	otion num	nber >	
K	Form	of orgar	nization: X Corporation Trust	Association Other		L Year of	format	ion: 1996 M	State of	f legal domicile:	TX
Р	art I	Su	mmary			·		<u>'</u>			
		Briefly	y describe the organization's mission o	r most significant activities	: TO MAN	NAGE ANI	O STA	AFF PHILAN	THR	OPIC	
ø			JECTS DEVOTED TO ASSISTI	· ·							
Governance			CHES THE LIVES OF THE YO								
ern	2		k this box if the organization d								
Š	3		per of voting members of the governing	•	•				3		a
	4	Numb	per of independent voting members of t	body (rait vi, line ra)	/ ling 1h\				4		9
Activities &	1 -		per of independent voting members of t						5		
ξ	5		number of individuals employed in cale								NONE
ć	6		number of volunteers (estimate if necess						6		68
٩			unrelated business revenue from Part V						7a		
	b	Net u	nrelated business taxable income from	Form 990-T, line 34					7b		
Revenue								Prior Year		Current Ye	
	8		ibutions and grants (Part VIII, line 1h)		СОРУ	EOB		210,42	22.	92	,962.
	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC INS	-		NO	ONE		NONE
	10		tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		2,03	32.	3	,590.
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				4,44	16.	1	,738.
	12							216,90	0.	98	,290.
	13		s and similar amounts paid (Part IX, colu		NO	NONE 1,40					
	14					ONE NON					
	4.5		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						NONE		
Expenses	162		ssional fundraising fees (Part IX, column						ONE	NON NON	
ber	h		fundraising expenses (Part IX, column (I					110	71111		110111
ŭ	17		expenses (Part IX, column (A), lines 11					160,84	0	101	,867.
	18		expenses. Add lines 13-17 (must equal					160,84			,274.
- v	19	Rever	nue less expenses. Subtract line 18 from	n line 12			Danin	56,05		End of Yea	,984.
Net Assets or Fund Balances			. (5 .) (1				begin				
sse 3ala	20							637,94			,452.
ng A	21		liabilities (Part X, line 26)					137,17			,391.
			ssets or fund balances. Subtract line 21	from line 20	<u></u>			500,76	6.	417	,061.
	art II		gnature Block								
Un	der per	nalties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompa officer) is based on all inform	anying schedule	es and staten	nents, a s anv kr	and to the best of	my kn	owledge and be	elief, it is
	0, 00	1	complete: Decidiation of property (care) that			, proparor na	o u.i.y i.i.	l l			
e: -											
Sig			Signature of officer					Date			
He	re										
			Type or print name and title								
	_	Print/	Type preparer's name	Preparer's signature		Date		Check	if PT	IN	
Paid								self-employe	.	01424343	
	parer	Firm's	s name ▶ BRUCE E BERNSTIE	N & ASSOCIATES				Firm's EIN			
Use	Only			RESSWAY STE 1040 DALLA	S. TX 75231			Phone no.	21.	4-706-084	40
Mav	/ the I		scuss this return with the preparer show					. 110110 110.	21	X Yes	No
<u> </u>			Reduction Act Notice, see the separat	`	<i>.</i>			<u> </u>		Form 990	
. Uľ	гаре	I W UIK	mendenon Act Nonce, see the separat	.cอน นบนUII3.						rom 33 (☞ (∠∪∠≾)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$136,326. including grants of \$) (Revenue \$) SEE SCHEDULE O
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ 7,408. including grants of \$) (Revenue \$)
	PASS THE WORD -WAS ABLE TO OFFER A VARIETY OF MAGAZINES, CROSSWORD, WORD FINDER, SODOKU PUZZLES, MANDALA ART BOOKS TO ADULT PATIENTS AND COLORING BOOKS TO CHILDREN OF PATIENTS.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 4,957. including grants of \$) (Revenue \$)
JSA	(Expenses \$ 4,957. including grants of \$) (Revenue \$) Total program service expenses 159,322. Form 990 (2023)

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		3.5
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_4		7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Checklist of Required Schedules (continued)

r all	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			Λ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II.	26		Х
27	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			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule 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	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		X
34	or IV, and Part V, line 1	34		v
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return NONE					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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 filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	,					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12					
	, , ,					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
	Gross income from members or shareholders					
D	against amounts due or received from them.)					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	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?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or 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				

Part VI

75-2663446 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
b	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 9										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
2	any other officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct	_									
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6	X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
~	stockholders, or persons other than the governing body?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
-	the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Secti	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give										
	rise to conflicts?	12b		X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe on Schedule O how this was done	12c		Х							
12	Did the organization have a written whistleblower policy?	13	Х								
13 14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by										
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b									
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(sect	tion 5	01(c)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,							
20	State the name, address, and telephone number of the person who possesses the organization's books and record JANE DOYLE 200 CHISHOLM PL #105 PLANO, TX 75075	S.									

972-769-2299

Form **990** (2023)

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

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 the 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.

Sheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

								1		
(A) Name and title	(B) Average hours per week	box,	Position (do not check more to box, unless person is officer and a director				an	(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)	Individua or direct	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 organization and related organizations
(1) JUDY WHARTON	3.00									
PARLIAMENTARIAN	NONE	Х						NONE	NONE	NONE
(2) SHARON TAVANA	15.00							110112	110112	1,01,12
MARKETING	NONE	X						NONE	NONE	NONE
(3) RITA HANNA	15.00							1.01.2	110112	
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4) CATHIE IRONS	10.00									
RESOURCE DEVELOPMENT	NONE	Х						NONE	NONE	NONE
(5) MICHELE MILLER	20.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) JANE DOYLE	5.00									
STRATEGIC PLANNING	NONE	Х						NONE	NONE	NONE
(7) LINDA ULLOM	10.00									
VP MEMBERSHIP	NONE	X						NONE	NONE	NONE
(8) PAULA GOULD	5.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(9) CHARLOTTE GRIMM	10.00									
VP PHILANTHROPIC PROGRAMS	NONE	X						NONE	NONE	NONE
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Form **990** (2023)

	NCE LEAG	UE C	F	GRE	AT:	ER C	OL	LIN COUNTY	75-	2663	146	D 0		
Form 990 (2023) Part VII Section A. Officers, Directors, Tr	ustees. Ke	v Em	olar	vee	es.	and F	lial	hest Compensat	ed Employ	ees (c	ontinued	Page 8		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	n oth st Highest compensated e is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fror related organizations (W-2/1099-MISC)		compensation from related organizations		Estin amou otl compe from organ and r	nated unt of ner insation in the ization elated zations
														
														
														
1b Sub-total								NONE		NONE		NONE		
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-							NONE NONE		NONE		NONE		
2 Total number of individuals (including but not	limited to t							•		NONE f		NONE		
reportable compensation from the organization	n ►				NO	NE						es No		
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e, I	кеу е	mp	oloyee, or highes	t compensa	ated		C3 110		
employee on line 1a? If "Yes," complete Scheo											3	X		
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	' If	"Yes	;"	complete Schedu	le J for s	the uch				
individual	accrue co	mpen	sati	on f	from	any	un	related organization	on or individ		4	X		
for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors	'es," comple	te Scr	nedu	ile J	l tor	such	per	son			5	X		
Complete this table for your five highest concompensation from the organization. Report year.														
(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) ompensa	tion		
							 							
2 Total number of independent contractors (i	ncludina bı	ut not	lin	nited	d to	thos	e li	isted above) who	received					
more than \$100,000 in compensation from the								ONE						

75-2663446

Form 990 (2023)

Part VIII Statement of Revenue

ıaı		Check if Schedule O contains a respon	se or note to an	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	6,247.				
وَ ق	С	Fundraising events 1c	11,328.				
fts.	d	Related organizations 1d					
હ≅	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e gi		and similar amounts not included above . 1f	75,387.				
들된	g	Noncash contributions included in					
ξğ		lines 1a-1f	408.				
ಶ	h	Total. Add lines 1a-1f		92,962.			
			Business Code				
<u>8</u>	2a						
e.∠	b						
en.	С						
Program Service Revenue	d						
90 R	e						
Ψ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		3,590.			3,590.
	4	Income from investment of tax-exempt bond	proceeds	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ver		and sales expenses 7b					
-4	١.	Gain or (loss)		17077			
Other R	d	Net gain or (loss)		NONE			
₹	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line 1c) See Part IV line 18 8a	3,972.				
	L	1c). See Part IV, line 18 8a Less: direct expenses 8b	2,234.				
	b	Net income or (loss) from fundraising events		1,738.			1,738.
	9a	Gross income from gaming		,			,
	Ja	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities	<u></u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
<u>s</u>			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME					
lan en	b						
sel sel	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		98,290.			5,328.

75-2663446

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,407.	1,407.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (nonemployees):	-			
	Management	NONE			
	Legal	NONE			
	Accounting	12,125.		12,125.	
	Lobbying	NONE		12,1231	
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
		110112			
y	Other. (If line 11g amount exceeds 10% of line 25, column	NONE			
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	NONE			
		3,338.	2,436.	735.	167
13	Office expenses	NONE	2,150.	755.	107
14		NONE			
15	Royalties	41,659.	33,743.	6,250.	1,666
16	Occupancy	NONE	33,743.	0,230.	1,000
	Travel	NONE			
ıδ	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
40	· · · · · · · · · · · · · · · · · · ·				
	Conferences, conventions, and meetings	NONE NONE			
	Interest	NONE			
	Payments to affiliates	347.	243.	87.	17
	Depreciation, depletion, and amortization	6,252.	4,565.	1,374.	313
	Insurance	0,232.	4,303.	1,3/4.	313
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.)				
		111 //1	111 //1		
	PROGRAM INVENTORY AND SUPPLI	111,441.	111,441.		
	NATIONAL DUES	5,210.	5,210.		000
	PUBLIC RELATIONS	504.	277.	124	227
	EDUCATION	134.		134.	
	All other expenses	857.	150 200	857.	0.222
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	183,274.	159,322.	21,562.	2,390
20	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)				
	10110Willing 001 00-2 (A00 900-120)		I		

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	is Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	240,360.	1	120,290.
	2	Savings and temporary cash investments	136,491.	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	NONE
ts	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use		8	2,803.
As	9	Prepaid expenses and deferred charges		9	4,444.
	_	Land, buildings, and equipment: cost or other	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		basis. Complete Part VI of Schedule D 10a 1,0	42		
	h		92. 897.	100	550.
	11	Investments - publicly traded securities		11	294,323.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				NONE
	15	Intangible assets			99,042.
	16				521,452.
		Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	2,896.
	18	Grants payable			NONE
	19	Deferred revenue		19	3,946.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director			
ij		trustee, key employee, creator or founder, substantial contributor, or 35			
ä		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties		24	NONE
	25	Other liabilities (including federal income tax, payables to related thi			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D			97,549.
	26	Total liabilities. Add lines 17 through 25	137,178.	26	104,391.
Section		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	500,766.	27	417,061.
Ä	28	Net assets with donor restrictions	NONE	28	NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net A	32	Total net assets or fund balances		32	417,061.
ž	33	Total liabilities and net assets/fund balances		33	521,452.
_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2023)

Form **990** (2023)

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	, ,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			98,	<u> 290</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 274</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			84,	<u>984</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5	00,	<u> 766</u>
5	Net unrealized gains (losses) on investments	5			1,	<u> 279</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4	17,	<u>061</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

SCHEDULE A (Form 990)

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

75-2663446

Department of the Treasury Internal Revenue Service

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY

Name of the organization Employer identification number

Pai	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	is.	
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	n section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:							
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or	
		university:							
0	X	An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt for the standard income and un	unctions, subject to conrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	n 331/3 % of its	
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
2		An organization organized a	and operated exclu	sively for the benefit o	f, to perf	form the	functions of, or to car	ry out the purposes of	
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or sect	ion 509(a)(2). See se d	ction 509(a)(3). Check	
	_	the box on lines 12a throug	ıh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.				
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported	
	_	_ organization(s). You must	complete Part IV	, Sections A and C.					
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,	
	_	_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part l'	V, Section	ons A, D, and E.		
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		$oldsymbol{ol}}}}}}}}}} $	anization received	a written determinatio	n from tl	he IRS t	hat it is a Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.		
f		ter the number of supported							
g	Pro	ovide the following information	on about the suppo	orted organization(s).			Г	T	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
A)									
B)									
C)									
D)									
E)									
ota	11								

Schedule A (Form 990) 2023 Page **2**

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support			,,		,	
	ndar 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 received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1		'	•	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	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						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Supp						
	Public support percentage for 2023 (lin	•					%
15	Public support percentage from 2022						<u>%</u>
16a	331/3% support test - 2023. If the org						
ı.	box and stop here. The organization qu						
D	331/3% support test - 2022. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			-			
ı ı a	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			-		-	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	-
	organization			-	-	-	
18	Private foundation. If the organization	n did not che	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see
	instructions						

Schedule A (Form 990) 2023 Page **3**

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.)

Sec	tion A. Public Support						
Cale	ndar 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						
	received. (Do not include any "unusual grants.")	82,244.	140,480.	177,687.	210,422.	92,962.	703,795.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						NONE
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	82,244.	140,480.	177,687.	210,422.	92,962.	703,795.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				80,000.		80,000.
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						NONE
С	Add lines 7a and 7b				80,000.		80,000.
8	Public support. (Subtract line 7c from						
	line 6.)						623,795.
	tion B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	endar year (or fiscal year beginning in)		` ,	` ,	. ,	` ,	
9 10 a	Amounts from line 6. Gross income from interest, dividends,	82,244.	140,480.	177,687.	210,422.	92,962.	703,795.
···u	payments received on securities loans,						
	rents, royalties, and income from similar	1,706.	1,759.	296.	3,246.	3,590.	10,597.
h	Unrelated business taxable income (less	1,700.	1,733.	250.	3,240.	3,350.	10,557.
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
c	Add lines 10a and 10b	1,706.	1,759.	296.	3,246.	3,590.	10,597.
11	Net income from unrelated business	1,,00.	1,7551	250.	3,210.	37330.	20,337.
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						NONE
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)				12.		12.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	83,950.	142,239.	177,983.	213,680.	96,552.	714,404.
14	First 5 years. If the Form 990 is for		on's first, second				
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divide	ed by line 13, colur	nn (f))		15	87.32%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	e 15			16	87.86%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2023 (lin	ne 10c, column (f), divided by line 1	3, column (f))		17	1.48%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	1.28%
19 a	331/3% support tests - 2023. If the or	ganization did n	ot check the box	x on line 14, ar	nd line 15 is mo	ore than 331/3 %,	and line
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	ization qualifies	as a publicly su	pported organizat	tion X
b	331/3% support tests - 2022. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than $331/3\%$, check	this box and st	op here. The org	ganization qualifie	es as a publicly	supported organiz	zation
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instru	ctions

Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of statuunder 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).
- 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) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? "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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Ell 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 alread designated in the organization's organizing document?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of 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 contributo (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).
- 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 organization 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 benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 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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Schedule A (Form 990) 2023 Page **5**

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecti	on b. Type roupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
200ti	on C. Type II Supporting Organizations	2		
ecu	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the consideration of the consideration of the fifth consideration		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Page 6

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integ	rated 509(a)(3) Supporting Organ	izations	3	
Check here if the organization satisfied	the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explai	in in Part VI) . See
instructions. All other Type III non-fund				
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incur	red for production or collection			
of gross income or for management, conse	•			
property held for production of income (see		6		
7 Other expenses (see instructions)	,	7		
8 Adjusted Net Income (subtract lines 5, 6, a	nd 7 from line 4)	8		
Section B - Minimum Asset Amount	,,		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exem	ot-use assets (see			
instructions for short tax year or assets held				
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-use a	ssets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other fact (explain in detail in Part VI):	ors			
2 Acquisition indebtedness applicable to non-	ovomnt-ueo accate	2		
3 Subtract line 2 from line 1d.	exempt-use assets	3		
	045 of the 20 /fem moneton amount	- 3		
4 Cash deemed held for exempt use. Enter 0 see instructions).	.015 of line 3 (for greater amount,	4		
5 Net value of non-exempt-use assets (subtra	act 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		
Section C - Distributable Amount	-/			Current Year
1 Adjusted net income for prior year (from Se	ection A, line 8, column A)	1		
2 Enter 0.85 of line 1.	,	2		
3 Minimum asset amount for prior year (from	Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	,	4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	line 4. unless subject to			
emergency temporary reduction (see instru	ctions).	6		
7 Check here if the current year is the or	ganization's first as a non-functionally	y integra	ted Type III supporting	g organization

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	oupporting organizat	ions (continuca)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	· · · · · · · · · · · · · · · · · · ·				
3	(reasonable cause required - explain in Part VI). See				
3 a	(reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2023				
	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018				
а	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019				
a b	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018				
a b c	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020				
a b c d	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018				
a b c d e	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018				
a b c d e f	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e				

Schedule A (Form 990) 2023

5

6

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Applied to underdistributions of prior years
Applied to 2023 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

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

Excess distributions carryover to 2024. Add lines 3j

Distributions for 2023 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Section D, line 7:

SCHEDULE D (Form 990)

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

2023

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY 75-2663446 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II 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 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included on line 2a . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 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 5 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 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: (ii) Assets included in Form 990, Part X.....\$_ 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:

									_
		STANCE LEAGUE						663446	Page 2
	rt III Organizations Maintainin	<u> </u>							
3	Using the organization's acquisition collection items (check all that apply		other recor	ds, check any	of the fo	llowing that m	iake sign	ificant use	of its
а	Public exhibition	,-	d	Loan or exc	hange pro	ogram			
b	Scholarly research		e	₹	mango pro	_			
C	Preservation for future genera	ations							
4	Provide a description of the organi		and expla	ain how they t	urther the	organization's	s exempt	nurnose	in Part
	XIII.	Zanorro concentra	and onpic		artifor the	organization (, oxompt	, puipoco	iii i ait
5	During the year, did the organization	a solicit or receive o	donations o	f art historical	treasures	or other simils	ar		
•	assets to be sold to raise funds rather						_	Yes	No
Pa	rt IV Escrow and Custodial Ar		amou do po	ar or the organ	ization o				
	Complete if the organizat 990, Part X, line 21.		es" on For	m 990, Part I	V, line 9,	or reported ar	n amoun	nt on Form	า
1a	Is the organization an agent, trusto	ee, custodian or o	ther interm	nediary for co	ntributions	or other asse	ets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in								
							Amount		
С	Beginning balance				. 1c				
d	Additions during the year				. 1d				
е	Distributions during the year				. 1e				
f	Ending balance				. 1f				
2a	Did the organization include an amo	ount on Form 990,	Part X, line	21, for escrov	v or custo	dial account lial	bility?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the e	xplanation has I	oeen provi	ded in Part XIII.			
Pa	rt V Endowment Funds							_	
	Complete if the organizat	ion answered "Ye	es" on For	m 990, Part I'	V, line 10				
		(a) Current year	(b) Prio	r year (c)	Two years ba	ck (d) Three ye	ears back	(e) Four year	ırs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	of the current vear	end balanc	e (line 1a. colur	nn (a)) hel	d as:			
а	Board designated or quasi-endowme		%	· 3,	(//				
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, ar	•							
3a	Are there endowment funds not in t	he possession of th	ne organiza	ation that are h	eld and ad	dministered for	the		
	organization by:							Ye	s No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related	d organizations liste	d as require	ed on Schedule	R?			3b	
4	Describe in Part XIII the intended us								
Pa	rt VI Land, Buildings, and Equi Complete if the organiza	i pment tion answered "Ye	es" on Foi	rm 990, Part I	V, line 11	a. See Form	990, Pa	rt X, line 1	10.
	Description of property	(a) Cost or (invest	other basis	(b) Cost or other (other)	basis (c)	Accumulated depreciation) Book value	
12	Land	,	unent)	(otner)		uepreciail011			
	Buildings								
	Leasehold improvements								
				i .	1	1			

550. Schedule D (Form 990) 2023

550.

492.

1,042.

d Equipment...

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities Complete if the organization answered	GUE OF GREATER I "Yes" on Form 990,		-2663446 Page Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	n:
(1) Financial derivatives			
(3) Other(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, l	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	n: t value
(1)			
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1)DEPOSITS			3,286
(2)RIGHT TO USE ASSET-OPERATING L			95,756
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> <u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, line 15, o	col. (B))		99,042
Part X Other Liabilities Complete if the organization answered			
line 25.	tion of liability		(b) Book value
1. (a) Descrip (1) Federal income taxes	tion of liability		(b) Book value
(2)OPERATING LEASE LIABILITY			97,549
(3)			21,342
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			97,549.

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	_
b	Prior year adjustments	_
С	Other losses	-
d	Other (Describe in Part XIII.)	
_	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a	
	The state of the s	-
	Other (Bederilde in Factorial)	4c
С 5	Add lines 4a and 4b	
	XIII Supplemental Information	
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE S	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740)

FORM 990, SCHEDULE D, PART X, LINE 2

THE CHAPTER HAS BEEN CLASSIFIED AS AN ENTITY EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAXES IN THE FINANCIAL STATEMENTS. THE CHAPTER HAS NOT BEEN NOTIFIED OF ANY PENDING EXAMINATIONS BY ANY TAXING AUTHORITIES FOR OPEN TAX YEARS AND IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS. THE CHAPTER QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS UNDER SECTION 170(B)(1)(A). THE CHAPTER HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED MAY 31, 2024. THE CHAPTER IS ALSO EXEMPT FROM THE TEXAS STATE MARGIN TAX AND SALES TAXES UNDER TEXAS TAX CODE SECS. 151.310 AND 171.063.

THE CHAPTER'S INFORMATIONAL RETURNS FILED ARE GENERALLY SUBJECT TO

EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE DUE DATE OR DATE OF

FILING. AS A RESULT, THE CHAPTER IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2021.

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public

	of the organization					Employer identification	on number
ASS1	STANCE LEAGUE OF GREATER (COLLIN COUNT	Y			75-266344	
Part					Yes" on Form 9	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	· · · · · · · · · · · · · · · · · · ·					
1	Indicate whether the organization rais	_		_			
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f		-	government grant	S	
C C	Phone solicitations	g] Spec	ciai fundrai	ising events		
d	In-person solicitations		بما يرمم طفانين	مائيناماييما (ئم	aludina afficara a	J:	
Za	Did the organization have a written or or key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid indiv						fundraiser is to be
	compensated at least \$5,000 by the o	organization.					
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	
1			162	NO			
•							
2							
3							
4							
5							
6							
·							
7							
8							
9							
10							
10							
Total		<u> </u>					
3	List all states in which the organizat	ion is registered	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						•

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	ent contributions and g			
Δ)			(a) Event #1 SPECIAL EVENTS (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	15,300.			15,300.
ď	2	Less: Contributions Gross income (line 1	11,328.			11,328.
_		minus line 2)	3,972.			3,972.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	2,234.			2,234.
	10 11	Direct expense summary. Add lin Net income summary. Subtract	nes 4 through 9 in colu line 10 from line 3, col	ımn (d) umn (d)		2,234. 1,738.
Pa	rt I		anization answered "			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		
9 a k	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gamine				Yes No

Sched	ule G (Form 990 or 990-EZ) 2023 ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY 75-2663446 Page 3				
11	Does the organization conduct gaming activities with nonmembers?				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?				
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility				
b	An outside facility				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ▶				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?				
b					
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ►\$				
	Description of services provided ▶				
	Director/officer				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?				
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations				
	or spent in the organization's own exempt activities during the tax year ▶ \$				
Par					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY

75-2663446

MEMBERS

FORM 990, PART VI, LINE 6, 7A & 7B

MEMBERS ARE CLASSIFIED AS VOTING AND NONVOTING AND PAY ANNUAL DUES OF \$80 FOR VOTING AND \$130 FOR NONVOTING. NEW MEMBERS PAY DUES OF \$95 WITH \$15 GOING TOWARDS THE COST OF NEW MEMBER ORIENTATION. \$40 OF ALL DUES COLLECTED ARE PAID TO OUR NATIONAL ASSISTANCE LEAGUE.

IN JANUARY A NOMINATING COMMITTEE IS ELECTED BY MEMBERS WITH TWO MEMBERS BEING ELECTED BY AND FROM THE BOARD AND THREE MEMBERS ELECTED BY AND FROM THE VOTING MEMBERS. IN MARCH THE NOMINATING COMMITTEE SUBMITS ITS SLATE OF NOMINEES FOR OFFICES ON THE BOARD AND ONLY ONE NOMINEE SHALL BE ELECTED TO EACH OFFICE. THE NOMINATING COMMITTEE SUBMITS A COPY OF THE SLATE OF NOMINEES TO THE SECRETARY AND TO EACH VOTING MEMBER AT LEAST ONE MONTH PRIOR TO THE ELECTIONS MEETING IN APRIL. ELECTIONS ARE BY VOICE VOTE, EXCEPT WHEN A NOMINATING PETITION IS RECEIVED, IN WHICH EVENT THE VOTE FOR THE CONTESTED OFFICE SHALL BE BY BALLOT.

THE BOARD HAS THE POWER TO ESTABLISH AND MAINTAIN POLICIES AND STANDARDS.

ALL CHAPTER MATTERS PERTAINING TO COMMITMENTS OF TIME AND MONEY SHALL BE

APPROVED BY THE MEMBERSHIP AND SO NOTED IN THE MINUTES OF A REGULAR

MEETING.

REVIEW PROCESS

FORM 990, PART VI, LINE 11B

A COPY OF THE TAX RETURN WILL BE EMAILED TO THE BOARD FOR REVIEW BEFORE FILED.

DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY

75-2663446

990, CPA REVIEW, AND CHAPTER ANNUAL REPORT ARE PUBLIC ON ALGCC WEBSITE.

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE

UPON REQUEST.

Name of the organization

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY

Employer identification number
75-2663446

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY IS A NONPROFIT, PHILANTHROPIC ORGANIZATION WHOSE DEDICATED VOLUNTEERS PUT CARING AND COMMITMENT INTO ACTION BY SERVING RESIDENTS OF COLLIN COUNTY IN NEED. COMMUNITY BASED PHILANTHROPIC PROGRAMS ARE BUILT THROUGH NEEDS ASSESSMENTS, IDENTIFYING COMMUNITY PROBLEMS AND DELIVERING THE SOLUTIONS TO FIT THE NEED. FUNDS ARE RAISED THROUGH VOLUNTEER ACTIVITIES AND USED TO PROVIDE SERVICES FOR THE COMMUNITY. MEMBERS DEVELOP, FUND AND PARTICIPATE IN PROGRAMS THAT PROVIDE NEW SCHOOL CLOTHING FOR CHILDREN IN NEED, AND ADDRESS LITERACY, HUNGER, SUPPLIES AND HEALTH FOR CHILDREN IN NEED. THEY ALSO PROVIDE SUPPORT TO GRIEVING PARENTS, CHILDREN UNDERGOING MEDICAL TREATMENT FOR SERIOUS ILLNESSES, SENIOR CITIZENS AT LOCAL SENIOR FACILITIES AND PATIENTS/FAMILIES AT LOCAL HOSPITALS.

Name of the organization

ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY

Employer identification number 75-2663446

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

OPERATION SCHOOL BELL -SERVED THREE (3) SCHOOL DISTRICTS (MCKINNEY, PLANO, AND WYLIE). WE DELIVERED CLOTHING AND HYGIENE KITS TO 800 ELEMENTARY SCHOOL CHILDREN DURING 2023-2024. WE ALSO PACKAGED AND DELIVERED 273 PACKAGES (SIX PAIRS/PKG) OF UNDERWEAR OF DIFFERENT SIZES TO 38 TITLE I SCHOOL NURSES IN 4 SCHOOL DISTRICTS (MCKINNEY, PLANO, PROSPER, WYLIE). THIS PROGRAM ALSO PROVIDED CLOTHING, HYGIENE ITEMS, AND SCHOOL SUPPLIES TO MIDDLE SCHOOL AGE CHILDREN IN HOMELESS SITUATIONS TO HAGGARD MIDDLE SCHOOL. THIS PROGRAM ALSO INCLUDES CELEBRATING DR SEUSS BIRTHDAY BY READING TO 61 1ST GRADERS AT BOYD ELEMENTARY IN ALLEN. EACH CHILD RECEIVES A DR SEUSS BOOK, AND A COMPLETE SET IS DONATED TO THE SCHOOL LIBRARY. ALSO, WORKED WITH 16 2ND GRADERS TO HELP IMPROVE READING SKILLS.

=========

Name of the organization	Employer ider	Employer identification number		
ASSISTANCE LEAGUE OF GRE	ATER COLLIN COUNTY	75-266	75-2663446	
FORM 990, PART III, LINE 4D - 0				
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
WEE MEMORIES		4,957.		
	TOTALS	4,957.		