

OPENTO PUBLIC INSPECTION

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning JUN 1, 2023 and er	nding ${f M}$	AY 31, 2024					
B c	heck if oplicable	C Name of organization		D Employer identifie	cation number				
	Addres	ASSISTANCE LEAGUE OF ST. LOUIS							
	Name change			43-14727	02				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) R0 30 HENRY AVENUE	oom/suite	E Telephone number 6362276200					
	termin- ated		G Gross receipts \$	2,292,148.					
	Amend return	ed ELLISVILLE, MO 63011		H(a) Is this a group re					
	Application	F Name and address of principal officer: DENISE MCKIBBEN		for subordinates? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1 T	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions				
	Vebsit			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1988 $ m N$	State of legal domicile: MO				
Pa		Summary							
Ф		Briefly describe the organization's mission or most significant activities: THE OF							
Governance	-	ALL-VOLUNTEER ORGANIZATION THAT TRANSFORMS							
ern		Check this box if the organization discontinued its operations or disposed		_					
30				3	10 10				
જ		Number of independent voting members of the governing body (Part VI, line 1b)			0				
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)			381				
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.				
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
		The arrivation beginning transfer from Form 600 1,1 art 1, line 11		Prior Year	Current Year				
Revenue	8 (Contributions and grants (Part VIII, line 1h)		1,400,514.	1,382,852.				
		Program service revenue (Part VIII, line 2g)		0.	0.				
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		85,217.	89,102.				
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,314.	12,903.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,479,417.	1,484,857.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×pe	b	Total fundraising expenses (Part IX, column (D), line 25) 42,962		1 160 220	1 506 100				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,168,339. 1,168,339.	1,506,430.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		311,078.	1,506,430.				
	19	Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year	-21,573. End of Year				
ts o	20.	Fatal assata (Dart V. lina 16)		4,183,435.	4,448,799.				
Asse Bala	20 ⁻ 21 ⁻	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		174,567.	96,395.				
Net Assets or Fund Balances	22	l otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,008,868.	4,352,404.				
Pa	rt II	Signature Block							
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	nts, and to the best of my	knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of which							
Sigr	, [Signature of officer		Date					
Her	е	DENISE MCKIBBEN, PRESIDENT							
		Type or print name and title		_					
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN				
Paid	- 1	JEANNE M. DEE		self-employ					
	1	Firm's name ANDERS MINKLER HUBER & HELM LLP		Firm's EIN 4	3-0831507				
Use Only Firm's address 800 MARKET STREET, SUITE 500									
		ST. LOUIS, MO 63101-2501		Phone no. (3	14)655-5500				
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No				

Pal	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:
	THE ORGANIZATION IS AN ALL-VOLUNTEER ORGANIZATION THAT TRANSFORMS THE
	LIVES OF CHILDREN AND ADULTS THROUGH COMMUNITY PROGRAMS.
	Did the annual ration and attaly and a insiff and an annual and an installant and the control of
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	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
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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. (Code:) (Expenses \$ 644,740 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$644,740. including grants of \$) (Revenue \$) OPERATION SCHOOL BELL - PROGRAM WHICH PROVIDES NEW UNIFORMS, COATS,
	HYGIENE KITS AND YEAR ROUND ACCESS TO ESSENTIALS THROUGH ASSISTANCE
	LEAGUE'S CLOSETS TO ELEMENTARY SCHOOL CHILDREN IN THE ST. LOUIS AREA
	FROM UNDERPRIVILEGED FAMILIES. CLOTHING AND OTHER BASIC NEEDS WERE DISTRIBUTED TO 44 SCHOOLS ACROSS 5 DISTRICTS AND 36 CLOSETS AT SCHOOLS
	WERE SUPPORTED.
	WEKE SUFFORIED.
41-	(Code:) (Expenses \$ 295,549 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
	AGENCIES, OUTREACH SUPPORTED THE URGENT NEEDS OF 2,297 PEOPLE IN
	CRISIS. THIS YEAR, THEY ENCOUNTERED A SURGE IN BED REQUESTS AND
	PROVIDED 200 BEDS, PACKAGED WITH NEW PILLOWS, SHEETS AND BEDDING.
	INOVIDED 200 DEDD, INCRAGED WITH NEW TILLOWS, DILETTO AND DEDDING.
4c	(Code:) (Expenses \$180,899 • including grants of \$) (Revenue \$)
40	STEPS TO SUCCESS PROVIDES NEW ATHLETIC SHOES TO CHILDREN IN NEED
	(GRADES K5) ATTENDING ST. LOUIS, MO AREA SCHOOLS. DELIVERED NEW
	ATHLETIC SHOES AND SOCKS TO 3,454 STUDENTS IN 41 SCHOOLS.
4d	Other program services (Describe on Schedule O.)
тu	(Expenses \$ 234,073 • including grants of \$) (Revenue \$)
46	Total program service expenses 1,355,261.
	Form 990 (2023)
	(====)

Form 990 (2023) ASSISTANCE LEAGUE OF ST. LOUIS 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	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ŭ	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
0	Schedule D, Part III	8		
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?			x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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	···		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.3	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	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		X
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		X
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? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
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	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 7 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(mark lie) what is not be written and	1c		
	(gambling) winnings to prize winners?	110	000	

332004 12-21-23

Form **990** (2023)

023) ASSISTANCE LEAGUE OF ST. LOUIS

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for 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		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7					
_	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	۱							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		Х						
a	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	+						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X					
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
e f		7f							
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.								
а	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.								
D	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 Enter the amount of reserves on hand 13b 13c								
	Diddle and in the land of the	1/12		Х					
	If IIV and II have it filed a Form 700 to see at the constant of the second of the sec	14a 14b							
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	שדי							
	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		Х					
	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							
	If "Yes," complete Form 6069.								

332005 12-21-23

Form **990** (2023)

ASSISTANCE LEAGUE OF ST. LOUIS Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х 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 Х taxable entity during the year? 16a 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

Section C. Disclosure

10511209 781445 01857.000

17	List the states w	vith which a copy	of this Form 990	is required to be filed	MO
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18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records EDNA MERZ - (636) 227-6200

30 HENRY AVENUE, ELLISVILLE, MO 63011-2187

Form **990** (2023)

exempt status with respect to such arrangements?

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A)	(B)	(C)					ourc	(D)	(E)	(F)
Name and title	Average hours per		not c	Pos heck	ition _{more}	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		box, unless person is both an officer and a director/trustee)					from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	ım pen		1099-NEC)	1039-NEO)	and related
	below	vidual	Institutional trustee	Je .	Key employee	Highest compensated employee	Former	ŕ		organizations
	line)	Indi	Inst	Officer	Key	Hig	Forn			
(1) SANDY THAL PRESIDENT ELECT	12.76	Х		х				_	0.	
(2) MINDY HELLMICH	8.72	X		X				0.	0.	0.
VP MEMBERSHIP	0.74	Х		х				0.	0.	0.
(3) DAWN THOMAS	2.21	Λ	\vdash	^				0.	0.	<u></u>
VP COMMUNITY PROGRAMS	2 • 2 1	Х		Х				0.	0.	0.
(4) CAROL WEBER	6.66							•	•	
VP FUND DEVELOPMENT		х		х				0.	0.	0.
(5) EDNA MERZ	22.93									
VP TREASURER		Х		Х				0.	0.	0.
(6) DENISE MCKIBBEN	25.88									
PRESIDENT		Х		Х				0.	0.	0.
(7) JANE MARSCHNER	17.36									
VP EDUCATION		Х		Х				0.	0.	0.
(8) KATHY LORDO	6.24									
VP STRATEGIC PLANNING	10 00	X	<u> </u>	Х				0.	0.	0.
(9) SANDY JOHNSON	12.83	.,								
VP MARKETING COMMUNICATION	15 15	Х		Х				0.	0.	0.
(10) CINDY WILLIAMS	15.15	Х		х				0.	0.	_
SECRETARY		A		A				0.	0.	0.
		1								
			\vdash							
		1								
		1								
		-								
			_							
		-								
		<u> </u>								

Form 990 (2023)

Form 990 (2023) ASSISTANC	CE LEAGU	ſΕ	OF	S	т.	L(UC	IS	43-14	72702	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	jhes	t Co	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	office of soot	not ch unles	s per	tion nore t son is rector	Highest compensated employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	am comp / fro orga and	(F) cimated ount of other pensation om the anization related nizations
				Ĭ							
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) 2 Total number of individuals (including but no	, Section A			· · · · · · · · · · · · · · · · · · ·				0. 0. 0.	().).	0. 0. 0.
compensation from the organization	or invinced to the	036	iiste	u ab	ove,	VVIIC	716	ceived more than \$100,	ood of reportable		0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	uch individual m of reportable 0,000? If "Yes, accrue compen	e co " <i>coi</i> satio	mpe mple	nsatete Som a	ion i	and <i>dule</i> unre	oth J fo	er compensation from the compensation from the compensation from the compensation or individual compensation individual compensat	ne organization	. 3	Yes No
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch p	ersc	on				5	<u> </u>
Complete this table for your five highest conthe organization. Report compensation for the organization.	•							the organization's tax y	•		
(A) Name and business	address	NC	ONE				1	(B) Description of s	ervices	(C Compen) Isation
							+				
Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lim	nited	l to t	hose		ed	above) who received mo	ore than	Form	990 (2023)

Form 990 (2023) ASSISTA
Part VIII Statement of Revenue

		Check if Schedule O	contains a	response (or note to any lin	e in this Part VIII			
				•		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
ant		Membership dues		1b	48,730.				
Q S		Fundraising events			163,100.				
ifts		Related organizations		1d	,				
nila nila		Government grants (contri		1e					
Sir		All other contributions, gifts,							
her	·	similar amounts not included		lf 1,	171,022.				
Q İİ	а	Noncash contributions included in I			774,990.				
Contributions, Gifts, Grants and Other Similar Amounts	_					1,382,852.			
<u> </u>		Totall / lad in loc la li			Business Code	700=700=1			
a l	2 a								
<u>ķ</u>	b								
Ser	c								
m S	d								
gra Re	۰ و								
Program Service Revenue	f	All other program service i	revenue						
	q								
\neg	3	Investment income (includ							
	-					89,102.			89,102.
	4	Income from investment o				,			,
	5	Royalties							
		· · · · , · · · · · · · · · · · · · · · · · · ·	(i)	Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
Revenue	С	Gain or (loss)	-						
3eV		Net gain or (loss)			•				
her F		Gross income from fundraisir							
돰		including \$ 163							
		contributions reported on		' I					
		Part IV, line 18		- 1	254,591.				
	b	Less: direct expenses							
		Net income or (loss) from				183,042.			183,042.
		Gross income from gamin							
		Part IV, line 19	•						
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances			565,603.				
	b	Less: cost of goods sold			735,742.				
		Net income or (loss) from				-170,139.	-170,139.		
(0					Business Code				
oñ e	11 a								
ane	b								
Miscellaneous Revenue	С								
Mis	d	All other revenue							
	е	Total. Add lines 11a-11d				1 101 6==			0.00
	12	Total revenue. See instruction	ns			1,484,857.	-170,139.	0.	272,144.

Form 990 (2023) ASSISTANCE LEAP Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	41,354.	20,118.	17,643.	3,593.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	40.055	24 046	5 685	0 226
12	Advertising and promotion	49,057.	34,046.	5,675.	9,336.
13	Office expenses	33,086.	12,088.	1,630.	19,368.
14	Information technology	21,843.	10,810.	6,980.	4,053.
15	Royalties	17 700	15 570	1 416	700
16	Occupancy	17,702.	15,578.	1,416.	708.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	457	204	1.4	4.0
19	Conferences, conventions, and meetings	457.	394.	14.	49.
20	Interest				
21	Payments to affiliates	51 O/F	1E 622	1 110	2 074
22	Depreciation, depletion, and amortization	51,845. 10,647.	45,623. 9,369.	4,148.	2,074. 426.
23	Other expenses, Itemize expenses not covered	10,04/•	3,303.	054.	440.
24	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 0.) SUPPLIES	1,223,947.	1,180,949.	40,941.	2,057.
a b	REPAIRS & MAINTENANCE	29,354.	25,832.	2,348.	1,174.
	NAL DUES	19,400.	25,652.	19,400.	0.
c d	MISCELLANEOUS EXPENSE	7,084.	0.	7,084.	0.
-	All other expenses	654.	454.	7,004.	124.
	Total functional expenses. Add lines 1 through 24e	1,506,430.	1,355,261.	108,207.	42,962.
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,500,450	1,000,2010	100,207	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	(NOO 300-120)				E 000 (2222)

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Part :	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	224,350.	2	204,731		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ည္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			433,056.	8	434,436
₹	9	Prepaid expenses and deferred charges			41,279.	9	45,820
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,021,456.			
	b	Less: accumulated depreciation	10b	545,824.	1,312,394.	10c	1,475,632
1	11	Investments - publicly traded securities		11			
1	12	Investments - other securities. See Part IV, line	2,038,686.	12	2,230,083		
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	133,670.	15	58,097		
1	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	4,183,435.	16	4,448,799
1	17	Accounts payable and accrued expenses	3,767.	17	482		
1	18	Grants payable		18			
1	19	Deferred revenue		37,400.	19	38,480	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
g 2	22	Loans and other payables to any current or form	ner office	er, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		22	
<u>ا</u> 2	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
2	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
2	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D	133,400.	25	57,433		
2	26	Total liabilities. Add lines 17 through 25			174,567.	26	96,395
,,		Organizations that follow FASB ASC 958, che	eck here	X			
Net Assets of Fund balances		and complete lines 27, 28, 32, and 33.			2 855 048		4 000 441
2	27	Net assets without donor restrictions			3,755,247.	27	4,088,441
2	28	Net assets with donor restrictions			253,621.	28	263,963
≝		Organizations that do not follow FASB ASC 9	58, che	ck here			
-		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or e				30	
ž 3	31	Retained earnings, endowment, accumulated in			4 000 000	31	4 252 42
§ 3	32	Total net assets or fund balances			4,008,868.	32	4,352,404
3	33	Total liabilities and net assets/fund balances			4,183,435.	33	4,448,799 Form 990 (20)

Form **990** (2023)

Form **990** (2023)

						3-		
Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	484	1,8	57.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	506	5,4	30.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-21	L,5	73.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4							
5	Net unrealized gains (losses) on investments	5		182	2,1	93.		
6	Donated services and use of facilities	6		182	2,9	16.		
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
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,	352	2,4	04.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	— [Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	τ	3b				

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ASSISTANCE LEAGUE OF ST. LOUIS

Employer identification number

43-1472702 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Pai	(Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I c	or if the organization			•
Sec	tion A. Public Support	,, p.e	iss somplete i air	,			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2020	(0) 2021	(a) ZOZZ	(6) 2020	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
ec	tion B. Total Support						
ılen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	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						
0	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
2	Gross receipts from related activities,	etc. (see instruction	ons)			12	
3	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2023 (l					14	
	Public support percentage from 2022						
	33 1/3% support test - 2023. If the				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
	33 1/3% support test - 2022. If the						
	and stop here. The organization qua						
	10% -facts-and-circumstances test						
	and if the organization meets the fact			_		VI how the organiz	zation
	meets the facts-and-circumstances to	-			-		L
	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		_
	organization meets the facts-and-circ	umetances test. Th	e organization qu	alifies as a nublich	v supported organi	zation	I

Schedule A (Form 990) 2023

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 0.0	(2) = 3 = 3	(0) = 0 = 1	(4) = 3 = 1	(0) = 0 = 0	(1) 10101
·	membership fees received. (Do not						
	include any "unusual grants.")	764,179.	1087722.	1081867.	1400514.	1443304.	5777586.
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	294,077.		386,173.			
2	Gross receipts from activities that	234,0776	313,301.	300,173.	112,020.	417,0010	1000000
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	1050056	1.405600	1460040	1043340	1060005	5633354
	Total. Add lines 1 through 5	1058256.	1407623.	1468040.	1843340.	1860995.	7638254.
	Amounts included on lines 1, 2, and 3 received from disqualified persons		36,169.	22,479.	61,000.	15,790.	135,438.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b		36,169.	22,479.	61,000.	15,790.	135,438.
8	Public support. (Subtract line 7c from line 6.)						7502816.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1058256.	1407623.	1468040.	1843340.	1860995.	7638254.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,038.	40,762.	87,082.	85,217.	89,102.	336,201.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	34,038.	40,762.	87,082.	85,217.	89,102.	336,201.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1092294.	1448385.	1555122.	1928557.	1950097.	7974455.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	94.09 %
	Public support percentage from 2022					16	94.38 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	4.22 %
	Investment income percentage from					18	3.64 %
19a	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						nd
	line 18 is not more than 33 1/3%, che						
	,				is box and see inst		

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - b 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
4		
1		
2		
За		
3b		
3c		
_		
4a		
4b		
40		
4c		
5a		
- Fl-		
5b 5c		
30		
6		
_		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
	n 990)	2023

332024 12-21-23

Fai	LIV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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, provide			
	detail	in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (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		100	140
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	ion [upported organization(s). D. All Type III Supporting Organizations	- '		
				Yes	No
1	Did +h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
			1		
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
		rganization maintained a close and continuous working relationship with the supported organization(s).			
	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sect	suppo ion l	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	Н	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.		,	
C	^ -4::	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institute Text Argund Vince On and Oh halow)	struction		NI.
		ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	0-		
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	01		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	C.		
	ot its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion 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 incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, 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 instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).	, ,	,, ,, ,, ,, ,,	•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ASSISTANCE LEAGUE OF ST. LOUIS

Employer identification number 43-1472702

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts. Complete if the	
	organization answered Tes OrtForm 990, Fart IV, line	(a) Donor advise	d funds	(b) Funds and other accounts	
1	Total number at end of year	()		. ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised f	unds	
_	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor ac				
_	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?	•			
Par					
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area	
	Protection of natural habitat		Preservation of a c	ertified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a	conservation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	octure included on line 2	а	2c	
d	Number of conservation easements included on line 2c acquire				
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the org	anization during the tax	
	year				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the peri				
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, ar	nd enforcing conserva	ation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing consorvation	assaments during the year	
,	Amount of expenses incurred in monitoring, inspecting, handi	iii ig or violations, and en	lorching conservation	easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footnote				
	organization's accounting for conservation easements.	g			
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	r Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and b	palance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthe	erance of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
2	If the organization received or held works of art, historical trea	asures, or other similar a	ssets for financial gai		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	
				\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023	

	t III Organizations Maintaining C	ollections of Art			ner Si	milar		(contin		age Z
3	Using the organization's acquisition, accession							Toorien	raca,	
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е		3 1 3						
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		3			,	,	,		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets r	not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·						Amoun	t	
С	Beginning balance				l	1c				
	Additions during the year				- 1	1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	orovided in Part X	·					
Pai	t V Endowment Funds Complete if	the organization ansi	wered "Yes" on For	m 990, Part IV, lin	e 10.					
		(a) Current year	(b) Prior year	(c) Two years bac		Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance	230,905.	248,222.	251,449	۹.	2	00,114.		202	194.
b	Contributions	0.	5,026.	5,32	7.		5,147.		5,	032.
С	Net investment earnings, gains, and losses	33,058.	-22,343.	-8,554	4.		46,188.		3,	703.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs								10,	815.
f	Administrative expenses									
g	End of year balance	263,963.	230,905.	248,222	2.	2	51,449.		200,	114.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered fo	r the			,		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or ot			Accu		d	(d) Boo	k valu	ie
		basis (investm	,	` '	depred	iation				
	Land			1,337.						37.
b	Buildings			7,646.		6,75				92.
С	Leasehold improvements	I		1,577.		8,33				45.
d	Equipment			8,160.	3	2,79	7.			63.
	Other			2,736.	2'	7,94				95.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part V	(line 10c column	(R))				1,47	5,6	32.

Schedule D (Form 990) 2023

Cabadula D (Farra 000) 0000 A CCT CTANCE	LEAGUE OF ST.	TOTITE A	3-1472702 Page
Schedule D (Form 990) 2023 ASSISTANCE Part VII Investments - Other Securities	DEAGOE OF SI.	10012	3-14/2/02 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives	,		,
(2) Closely held equity interests			
(3) Other			
(A) AMERICAN BALANCED FUND CL			
(B) A	634,785.	END-OF-YEAR MARKE	r value
(C) CAPITAL INCOME BUILDER			
(D) FUND CL A	314,962.	END-OF-YEAR MARKE	r value
(E) INCOME FUND OF AMERICA			
(F) FUND CL A	616,210.	END-OF-YEAR MARKE	r value
(G) HARTFORD EQUITY INCOME			
(H) FUND	56,994.	END-OF-YEAR MARKE	r value
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,230,083.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 N/ II 1	410 5 000 5 17 11 45	
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(L) Dealership
	Description		(b) Book value
(1)			
(2)			+
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	/		
Total. (Column (b) must equal Form 990, Part X, line 15, col	I. (B))		

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	OPERATING LEASE LIABILITY	57,433.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	· (Column (b) must equal Form 990, Part X, line 25, col. (B))	57,433.

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

Schedule D (Form 990) 2023

539,560.

484,857.

1,484,857.

4c

Sche	dule D (Form 990) 2023 ASSISTANCE LEAGUE OF ST. LO	UIS		43-	1472702	Page 4
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,024	,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	182,193.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	357,367.			

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,752,430. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 246,000. Add lines 2a through 2d 1,506,430. Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information

d Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PROVIDE A PREDICTABLE STREAM OF FUNDING FOR PROGRAMS. THESE ASSETS INCLUDE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE CHAPTER MUST HOLD IN PERPETUITY OR FOR A DONOR SPECIFIED PERIOD OR TIME.

PART X, LINE 2:

THE CHAPTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE CHAPTER QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE CHAPTER IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER THE REVENUE AND TAXATION CODE OF THE STATE OF MISSOURI.

Schedule D (Form 990) 2023

THE CHAPTER FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME
TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF
TAXES AND TAS EVALUATED ITS TAX FUSITIONS, EXFIRING STATUTES OF
LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAWS AND NEW
AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS
NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE CHAPTER'S RETURNS FOR
TAX YEARS 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING
AUTHORITIES.

THRIFT SHOP COST OF GOODS	173,997.
IN-KIND DONATIONS	183,370.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	357,367.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

THRIFT SHOP COST OF GOODS	168,699.
IN-KIND DONATIONS	77,301.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	246,000.

Part VII Investments - Other Securities. See Form 990, 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 market value
AMERICAN MUTUAL FUND	371,061.	EOY MARKET VALUE
WASHINGTON MUTUAL	186,093.	EOY MARKET VALUE
CERTIFICATES OF DEPOSIT	49,978.	EOY MARKET VALUE

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	NCE LEAGUE OF ST. I					43-1472	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	ı Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pable 15 forms b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includance)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
				(b) Event #2 AUTHORS BRUNCH	(c) Other events NONE 0	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ine			(GVG/III 1) PG/	(GVG/III LYPO)	(total Hambol)	
Revenue	1	Gross receipts	294,372.	123,312.		417,684.
	2	Less: Contributions	72,749.	90,351.		163,100.
	3	Gross income (line 1 minus line 2)	221,623.	32,961.		254,584.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	30,463.			30,463.
	8	Entertainment	8,796.	11,844.		20,640.
		Other direct expenses	,	59,705.		59,705.
		Direct expense summary. Add lines 4 through	9 in column (d)			110,808.
		Net income summary. Subtract line 10 from li				143,776.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		a Dellada fastant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	Ω	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	Tront line 1, column (a)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 ASSISTANCE LEAGUE OF ST. LOUIS 43-	1472702	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
	Enter the hame and address of the person who propares the organization organization of garming special events been and records.		
	Name		
	Name		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	Gaming manager information.		
	News		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
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?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ir iii, iii les 5,	30, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
a٦	HEDITLE C. DADM II LINEC 10 AND 00		
<u>5C</u>	HEDULE G, PART II, LINES 1C AND 9C		
О Ш	upp pyram.		
0.1.	HER EVENT:		
~-	0.55 45 0.50		
GR	OSS RECEIPTS - OTHER = \$5,273		
$\overline{\text{TO}}$	HER DIRECT EXPENSES - OTHER = \$5,273		

Schedule G	G (Form 990)	ASSISTANCE	LEAGUE	OF	ST.	LOUIS	43-1472702	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)						g
raitiv	Cupplemental intel	(continuea)						
-								
-								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	ASSISTANCE L	EAGUE	OF ST. LO	JIS		43-1	472	702	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de ncash contribu		_	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		722,626.	FAIF	R MARKET	VA:	LUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X		5,223.	FAIF	R MARKET	VA:	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (BOOKS)	X	8	 		R MARKET			
26	Other (OFFICE SUPPLIES)	X	6	 		R MARKET			
27	Other (<u>TOYS</u>)	X	6			R MARKET			
28	Other (FOOD AND BEVERA)	X	6	·	FAIF	R MARKET	VA.	LUE	
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by			,		nat it			
	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSISTANCE LEAGUE OF ST. LOUIS

Employer identification number 43-1472702

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADULTS THROUGH COMMUNITY PROGRAMS. FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP AS A VOTING MEMBER IS OPEN WITHOUT DISCRIMINATION TO ALL INDIVIDUALS AS LONG AS THEY COMPLY WITH THE RESPONSIBILITIES OF MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: NOMINATING COMMITTEE IS ELECTED BY BOTH THE BOARD AND BY ALL VOTING THE NOMINATING COMMITTEE SUBMITS ITS SLATE OF NOMINEES FOR OFFICES ON THE BOARD TO EACH VOTING MEMBER. THE BOARD IS ELECTED FROM THIS SLATE OF NOMINEES BY THE VOTING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: SUCH AS CHANGES TO THE BYLAWS, MUST BE APPROVED ANY GOVERNANCE DECISIONS, BY MEMBERS OF THE ORGANIZATION. SECTION B, LINE 11B: PART VI, THE CERTIFIED PUBLIC ACCOUNTANT PROVIDED THE FORM 990 TO THE ORGANIZATION'S FINANCE COMMITTEE. THE FINANCE COMMITTEE WAS THEN RESPONSIBLE FOR DISTRIBUTING THE FORM 990 TO THE REMAINING BOARD MEMBERS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS MUST READ THE CONFLICT OF INTEREST POLICY AND ARE THEN RESPONSIBLE FOR FOLLOWING THE POLICY'S GUIDELINES.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** ASSISTANCE LEAGUE OF ST. LOUIS 43-1472702 FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.ALSTL.ORG). FORM 990, PART VI, SECTION C, LINE 19: CERTAIN GOVERNING DOCUMENTS, PRIOR YEAR FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.ALSTL.ORG). OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING THE ORGANIZATION VIA E-MAIL AT FINANCE@ALSTL.ORG, BY PHONE AT (636)227-6200 OR BY MAIL AT 30 HENRY AVENUE, ELLISVILLE, MO 63011. FORM 990, PART XII, LINE 2C EXPLANATION THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

	onic filing (e-file). You can electronically file Form 8868 to			-			
	elow except for Form 8870, Information Return for Transfe						
reques	t for Form 8870 must be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elect	ronic filing	g of Form		
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.					
Caution	n: If you are going to make an electronic funds withdrawal ((direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE	for payment	
instruc	tions.						
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts		
<u>must u</u>	se Form 7004 to request an extension of time to file income	e tax returi	ns.				
Part I -	Identification						
Type o	r Name of exempt organization, employer, or other filer	, see instru	ictions.	Taxpayeı	ridentification n	umber (TIN)	
Print			40.44505				
ASSISTANCE LEAGUE OF ST. LOUIS					43-1472	1702	
due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box, so	ions.					
instructio		reign addr	ress, see instructions.				
	ELLISVILLE, MO 63011						
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applica	ation Is For	Return	Application Is For			Return	
		Code			Code		
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 4	720 (individual)	03	Form 5227			10	
Form 9	90-PF	04	Form 6069			11	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 9	90-T (trust other than above)	06	Form 5330 (individual)				
Form 9	90-T (corporation)	07	Form 5330 (other than individual)				
Form 1	041-A	08					
After	you enter your Return Code, complete either Part II or Part	t III. Part III	, including signature, is applicable of	nly for an	extension of		
time to	file Form 5330.						
• If this	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.				
F	Plan Name						
F	Plan Number						
F	Plan Year Ending (MM/DD/YYYY)						
Part II -	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)				
The	books are in the care of EDNA MERZ						
		- ELLI	SVILLE, MO 63011-2	187			
Tele	phone No. (636)227-6200		Fax No.				
• If th	e organization does not have an office or place of business	in the Uni	ted States, check this box				
If th	is is for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN)	If this is fo	r the whole grou	up, check this	
box		and atta	ch a list with the names and TINs of	all memb	ers the extensio	n is for.	
1 I	request an automatic 6-month extension of time until Al	PRIL 1	15 , 20 25 , to file	e the exem	npt organization	return for	
t	he organization named above. The extension is for the orga	anization's	return for:				
	calendar year 20 or						
Σ	tax year beginningJUN_1	, 20 🙎	23 , and ending	MAY 3	1 .	, 20 2 4	
2 If	f the tax year entered in line 1 is for less than 12 months, cl	heck reaso	n: Initial return	Final retur	n		
				i iiidi rotai			
3a ⊩	Change in accounting period	enter the					
	Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the				0.	
<u>a</u>	Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions.		tentative tax, less	За	\$	0.	
<u>a</u> b It	Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	tentative tax, less	3a	\$		
<u>a</u> b It	Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions.	, enter any ayment all	tentative tax, less refundable credits and owed as a credit.			0.	