

2020

California Exempt Organization
Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 05/01/2020, and ending (mm/dd/yyyy) 04/30/2021

Corporation/Organization name ASSISTANCE LEAGUE OF ANTELOPE VALLEY California corporation number 0340050

Additional information. See instructions. FEIN 95-2047336

Street address (suite or room) 42544 10TH ST W, NO. B PMB no.

City LANCASTER State CA ZIP code 93534

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No
 B Amended return Yes No
 C IRC Section 4947(a)(1) trust Yes No
 D Final information return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) Cash (2) Accrual (3) Other
 E Check accounting method: (1) Cash (2) Accrual (3) Other
 F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
 G Is this a group filing? See instructions Yes No
 H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?
 I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
 J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
 K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$
 L Is the organization a limited liability company? Yes No
 M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
 N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
 O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	24,459	00
	2	Gross dues and assessments from members and affiliates	2	4,660	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	3,730	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	32,849	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	32,849	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	187,571	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-154,722	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer TREASURER Title Date Telephone 661-949-6790

Paid Preparer's Use Only: Preparer's signature JENNIFER ALDEN, CPA Date 12/14/21 Check if self-employed [X] PTIN P00505689 Firm's FEIN 46-5495538 Telephone 661-945-8602

May the FTB discuss this return with the preparer shown above? See instructions Yes No

ASSISTANCE LEAGUE OF ANTELOPE VALLEY

95-2047336

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	24,368	00	
	2	Interest	•	2	91	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	24,459	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	SEE STATEMENT 1	00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	17,176	00
		16	Depreciation and depletion (See instructions)	•	16	22,530	00
		17	Other expenses and disbursements	•	17	147,865	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	187,571	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		286,006		202,108
2	Net accounts receivable		25,185		
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	a Depreciable assets	871,829		871,829	
	b Less accumulated depreciation	(501,888)	369,941	(524,418)	347,411
11	Land		84,099		84,099
12	Other assets	STMT 3	4,573		9,207
13	Total assets		769,804		642,825
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities	STMT 4	3,500		3,500
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		766,304		639,325
22	Total liabilities and net worth		769,804		642,825

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-154,722
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	-154,722
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8	•	
10	Net income per return.	•	
	Subtract line 9 from line 6	•	-154,722

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 1

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DONDRA ARCIDIACONO 42544 10TH ST W, NO. B LANCASTER, CA 93534	PRESIDENT 104.00	0.
DENISE GERMAN 42544 10TH ST W, NO. B LANCASTER, CA 93534	TREASURER 104.00	0.
SHARON KINDIG 42544 10TH ST W, NO. B LANCASTER, CA 93534	VP, FACILITIES 104.00	0.
MARY COURTNEY 42544 10TH ST W, NO. B LANCASTER, CA 93534	VP, PHILANTHROPIC PROGRAMS 104.00	0.
ROSE ROCKEY 42544 10TH ST W, NO. B LANCASTER, CA 93534	VP, MEMBERSHIP 104.00	0.
GAYLIN SCHMITZ 42544 10TH ST W, NO. B LANCASTER, CA 93534	SECRETARY 104.00	0.
FAY HARRISON-BERGIER 42544 10TH ST W, NO. B LANCASTER, CA 93534	VP, RESOURCE DEVELOPMENT 104.00	0.
SUSAN ABRAMS 42544 10TH ST W, NO. B LANCASTER, CA 93534	VP STRATEGIC PLANNING 104.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 2

DESCRIPTION	AMOUNT
REAL ESTATE EXPENSES	55,361.
GRANTS AND SCHOLARSHIPS	36,617.
OPERATION SCHOOL BELL -	26,152.
BAD DEBTS	12,331.
ADVERTISING AND PROMOTION	4,148.

ALL OTHER EXPENSES	13,256.
TOTAL TO FORM 199, PART II, LINE 17	147,865.

CA 199	OTHER ASSETS	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	4,573.	9,207.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,573.	9,207.

CA 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS - RENTAL	3,500.	3,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,500.	3,500.

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-2047336

Corporation name

California corporation number

ASSISTANCE LEAGUE OF ANTELOPE VALLEY

0340050

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	5	955,928.	501,888.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	22,530

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	22,530
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	22,530
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22

CA 3885		DEPRECIATION				STATEMENT 5	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 CHAPTER HOUSE	09/10/97	70,716.	40,991.	SL	39.00	1,813.	
2 CHAPTER HOUSE	09/10/97	543,184.	314,895.	SL	39.00	13,928.	
3 CHAPTER HOUSE	09/10/97	108,568.	62,944.	SL	39.00	2,784.	
4 CHAPTER HOUSE	04/30/98	17,851.	10,095.	SL	39.00	458.	
5 LANDSCAPE	09/10/97	4,844.	2,804.	SL	39.00	124.	
6 PLAYGROUND	09/10/97	7,543.	4,364.	SL	39.00	193.	
7 CONSTRUCTION FEES PLANS	09/10/97	88,651.	51,391.	SL	39.00	2,273.	
8 AIR CONDITIONER	05/23/06	2,400.	2,227.	SL	15.00	160.	
9 CARPET	11/24/06	4,458.	3,985.	SL	15.00	297.	
10 OVEN	12/12/07	1,515.	1,515.	SL	10.00	0.	
11 AIR CONDITIONER	06/26/07	2,625.	2,625.	SL	10.00	0.	
12 LAND	03/02/94	84,099.		L		0.	
15 IMPROVEMENTS	12/31/10	9,074.	932.	SL	39.00	233.	
16 IMPROVEMENTS	06/30/14	10,400.	3,120.	SL	39.00	267.	
TOTAL TO FORM 3885		955,928.	501,888.			22,530.	

STATE OF CALIFORNIA
 RRF-1
 (Rev. 09/2017)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916)210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>ASSISTANCE LEAGUE OF ANTELOPE VALLEY</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>42544 10TH ST W, NO. B</u> Address (Number and Street)</p> <p><u>LANCASTER, CA 93534</u> City or Town, State, and ZIP Code</p> <p><u>661-949-6790</u> <u>DGERMAN2@ROADRUNNER.COM</u> Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT002553</u></p> <p>Corporation or Organization No. <u>0340050</u></p> <p>Federal Employer ID No. <u>95-2047336</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2020 ending 04/30/2021) list:

Gross Annual Revenue \$	<u>60,592</u>	Noncash Contributions \$	<u>0</u>	Total Assets \$	<u>642,825</u>
Program Expenses \$	<u>166,413</u>	Total Expenses \$	<u>187,571</u>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>DENISE GERMAN</u>	<u>TREASURER</u>	
Signature of Authorized Agent	Printed Name	Title
		Date