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2008

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning Jun 1, 2008, and ending May 31, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Junior League of Asheville, Inc. D Employer identification number: 56-0943037. E Telephone number: (828) 254-5608. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [X] Accrual. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: juniorleagueasheville.org. J Organization type: [X] 501(c) (3).

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 228,525.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for revenue and expenses. Includes a 'RECEIVED' stamp dated APR 23 2010 from IRIS OSC. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Investment income, 5a-5c Assets, 6 Special events, 7a-7c Inventory, 8 Other revenue, 9 Total revenue, 10-17 Expenses, 18 Excess or deficit, 19-21 Net assets.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheets. Columns: (A) Beginning of year, (B) End of year. Rows: 22 Cash, 23 Land and buildings, 24 Other assets, 25 Total assets, 26 Total liabilities, 27 Net assets or fund balances.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

SCANNED MAY 18 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? Please see attached statement.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>During 2008-2009, the organization sponsored and administered various community programs developed to encourage individual and community responsibility. It also focused civic attention on issues directly affecting women, (Grants \$ 1,750.)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	28a	149,855.
29	<u>children and education in the community through trained volunteers. Community Impact programs included: 1.) Jobs for Life with 15 graduates; 2.) Winning in Schools with 20 children participants; 3.) Love & Logic with (Grants \$)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	<u>45 participants; and 4.) Science Sisters with 12 participants. Leadership impact projects included a Nuts & Bolts retreat with 38 women in attendance & Mid-Year retreat with 23 women in attendance.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	149,855.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Tracy Gualano</u> P.O. Box 7315 Asheville NC 28802	President 20.00	0.	0.	
<u>Jana Lechner</u> P.O. Box 7315 Asheville NC 28802	President-Elect 20.00	0.	0.	
<u>Stacey Anderson</u> P.O. Box 7315 Asheville NC 28802	VP Personnel 5.00	0.	0.	
<u>Kristi Carriker</u> P.O. Box 7315 Asheville NC 28802	VP Community 5.00	0.	0.	
<u>Lori Hilliard</u> P.O. Box 7315 Asheville NC 28802	VP Communications 5.00	0.	0.	
<u>Grey Taylor</u> P.O. Box 7315 Asheville NC 28802	VP Finance 5.00	0.	0.	
<u>Amy Sullivan</u> P.O. Box 7315 Asheville NC 28802	Asst. Treasurer 5.00	0.	0.	
<u>Melanie Griffin</u> P.O. Box 7315 Asheville NC 28802	Recording Secretary 5.00	0.	0.	
<u>Heather Wall</u> P.O. Box 7315 Asheville NC 28802	Corresponding Secretary 5.00	0.	0.	
<u>Alice Briggs</u> P.O. Box 7315 Asheville NC 28802	Board 1.00	0.	0.	
<u>Lisa Owen</u> P.O. Box 7315 Asheville NC 28802	Board 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b 0.		
39	501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Howell & Sullivan, PLLC Telephone no ▶ (828) 254-5608
 Located at ▶ 3400 Sweeten Creek Road, Suite B Arden NC ZIP +4 ▶ 28704

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		0

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

Sign Here

Signature of officer:  Date: 4/14/10
 Type or print name and title: **Amy Sullivan** Treasurer

Paid Preparer's Use Only

Preparer's signature: **Stephen C. Corliss, CPA** Date: **04/14/10** Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Corliss & Solomon, PLLC**
242 Charlotte Street Suite #1 EIN: _____
Asheville NC 28801 Phone no: _____

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

Junior League of Asheville, Inc

56-0943037

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: (Please check only **one** organization.)

- 1 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.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

BAA

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	63,607.	73,254.	43,463.	95,049.	103,115.	378,488.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	136,555.	98,786.	161,702.	162,240.	112,174.	671,457.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	200,162.	172,040.	205,165.	257,289.	215,289.	1,049,945.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	5,000.	0.	5,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.		0.
c Add lines 7a and 7b	0.	0.	0.	5,000.	0.	5,000.
8 Public support (Subtract line 7c from line 6)						1,044,945.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	200,162.	172,040.	205,165.	257,289.	215,289.	1,049,945.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,839.	2,757.	5,916.	1,817.	3,209.	15,538.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,839.	2,757.	5,916.	1,817.	3,209.	15,538.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,039.	0.	0.	0.	0.	7,039.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	0.	1,161.	1,291.	2,452.
13 Total support. (add lns 9, 10c, 11, and 12)						1,074,974.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.21%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.61%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.45%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.41%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

RECEIPTS		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		<u>Diamond Ball</u> (event type)	<u>Spring Market</u> (event type)	<u>NONE</u> (total number)		
RECEIPTS	1	Gross receipts	58,100.	24,217.		82,317.
	2	Less: Charitable contributions	35,250.	3,082.		38,332.
	3	Gross revenue (line 1 minus line 2)	22,850.	21,135.		43,985.
DIRECT EXPENSES	4	Cash prizes	0.	0.		0.
	5	Non-cash prizes	0.	0.		0.
	6	Rent/facility costs	17,367.	2,829.		20,196.
	7	Other direct expenses	1,908.	5,102.		7,010.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				
9	Net income summary. Combine lines 3 and 8 in column (d)					16,779.

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

RECEIPTS		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
EXPENSES	2	Cash prizes				
	3	Non-cash prizes			18,000.	18,000.
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 100.00 % No _____ %		
7	Direct expense summary. Add lines 2 through 5 in column (d)					18,000.
8	Net gaming income summary. Combine lines 1 and 7 in column (d)					-14,200.

9 Enter the state(s) in which the organization operates gaming activities North Carolina

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

North Carolina does not require licensing of nonprofits which conduct raffles according to the State's General Statutes.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		X
10a		X
11	X	
12		X

	YES	NO
--	-----	----

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ Howell & Sullivan, PLLC

Address: ▶ 3400 Sweeten Creek Road, Suite B Arden, NC 28740

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a		X
------------	--	---

b If '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:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		
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b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0.

Additional Information For Tax Return

Junior League of Asheville, Inc

56-0943037

Form 990-EZ: Exempt purpose _____

To promote volunteerism, develop the potential of women, and improve the community through effective action and leadership of trained volunteers.

Form 990-EZ: Books Are In Care Of _____

The Treasurer, Amy Sullivan, CPA, retains partial ownership in Howell & Sullivan, PLLC. In choosing the appropriate accounting firm, the Board followed it's conflict of interest policy. The Treasurer abstained from being present & voting during the process.

Supporting Statement of:

Sch. G, page 3/Amount Distributed-1

Description	Amount
90% of net proceeds according to NC law	
90% x (\$16,725) = (\$15,053)	
Since the proceeds are below 0,	
0 should be entered here	0.
Total	0.

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment For educational awareness & support of museums

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Program	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Colburn Earth Science Museum PO Box 1617 Asheville NC 28802	Program	250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
CFWNC Endowment Fund Net Investment Losses	-39,284.
Prior Period Adjustment due to ongoing audit findings	59,703.
Total	<u><u>20,419.</u></u>

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Glenda Weinhert</u> <u>P.O. Box 7315</u> <u>Asheville NC 28802</u> Foreign city _____ Foreign country _____	Title <u>Board</u> Hours/Week 1.00	0.	0.	

Schedule O (Form 990), Supplemental Information to Form 990
Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

State Name	Amount
<u>North Carolina</u>	<u>0.</u>

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment Sponsorship of Girl Health Program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Program</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Girl Scouts of WNC Pisgah Council</u> <u>P.O. Box 8249</u> <u>Asheville NC 28814</u>	<u>Program</u>	<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____	
Date of Gift _____	
Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Advertising	3,471.
Dues-Association of Junior Leagues Intl.	16,678.
Depreciation	27,555.
Consignment Purchases	7,937.
Inventory Adjustment	9,653.
Supplies	10,677.
Bank & CC Fees & Licenses & Permits	5,224.
Worker's Compensation Insurance	3,461.
Travel-Program-Conferences & Workshops	9,690.
Travel-Program-Performances	8,900.
Travel-Program-Meals	8,073.
Travel-Program-Lodging	2,662.
Insurance-Genl Liability	7,272.
Website	1,129.
Interest Expense	2,413.
Dues & Subscriptions	823.
Film & Photography	863.
Maintenance & Repairs	2,993.
Total	129,474.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jennifer Olinger P.O. Box 7315 Asheville NC 28802 Foreign city _____ Foreign country _____	Title Board Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Trish Hardin P.O. Box 7315 Asheville NC 28802 Foreign city _____ Foreign country _____	Title Board Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Karen Lloyd P.O. Box 7315 Asheville NC 28802 Foreign city _____ Foreign country _____	Title Board Hours/Week 1.00	0.	0.	

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return Junior League of Asheville, Inc	Employer Identification No 56-0943037
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
Equipment, Net	10,043.	7,646.
Office Equipment, Net	4,399.	560.
Accounts Receivable, Net	6,520.	9,643.
NTN Inventory	23,175.	14,139.
Prepaid Expenses	5,000.	5,000.
Community Foundation of WNC Endowment Fund-A	55,552.	40,922.
Community Foundation of WNC Special Fund-A	44,892.	67,204.
Totals to Form 990-EZ, Part II, line 24	149,581.	145,114.
Line 26 - Total Liabilities:		
Accounts Payable & Accrued Expenses	16,874.	11,875.
Deferred Revenue	33,643.	33,793.
Capital Lease for Copier	12,117.	9,185.
Totals to Form 990-EZ, Part II, line 26	62,634.	54,853.