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Short Form  
Return of Organization Exempt From Income Tax

2008

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 organizations 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

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning 6/01 , 2008, and ending 5/31 , 2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

C JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.  
634 PRINCE AVE  
ATHENS, GA 30601

D Employer identification number

58-6075261

E Telephone number

706 255-9842

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  Accrual  
Other (specify) ►

I Website: ► WWW.JUNIORLEAGUEOFATHENS.ORG

H Check ►  if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).

J Organization type (check only one) —  501(c) (3) (insert no.) 4947(a)(1) or 527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.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 ► \$ 212,612.

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

1 Contributions, gifts, grants, and similar amounts received	1	27,410.
2 Program service revenue including government fees and contracts	2	31,725.
3 Membership dues and assessments	3	
4 Investment income	4	3,479.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	149,998.
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	44,936.
b Less: direct expenses other than fundraising expenses	6c	105,062.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► )	9	167,676.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	39,847.
12 Salaries, other compensation, and employee benefits	13	5,460.
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	696.
15 Printing, publications, postage, and shipping	16	150,350.
16 Other expenses (describe ► SEE STATEMENT 1)	17	196,353.
17 Total expenses (add lines 10 through 16)	18	-28,677.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	388,955.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	360,278.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

## 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.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	422,446.22	395,977.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 2)	21,566.24	12,520.
25 Total assets	444,012.25	408,497.
26 Total liabilities (describe ► SEE STATEMENT 3)	55,057.26	48,219.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	388,955.27	360,278.

**Part III Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? **COMMUNITY SERVICE**

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.

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts; optional  
for others.)

28 PROGRAM SERVICE INCLUDE VARIOUS COMMUNITY SERVICES AND FINANCIAL ASSISTANCE TO OTHER COMMUNITY ORGANIZATIONS.

(Grants \$  ) If this amount includes foreign grants, check here

28a

29

(Grants \$  ) If this amount includes foreign grants, check here

29 a

30

302

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here.

31 a

**22 Total program service expenses (add lines 20a through 31a)**

32

**List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

Yes	No
33	X
34	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

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.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a

0.

35a	X
35b	
36	X

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

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.

38b	N/A
39a	N/A
39b	N/A

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► SUSAN DODSON Telephone no ► 706 316-2858  
Located at ► 634 PRINCE AVE ATHENS GA ZIP + 4 ► 30601

Yes	No
42b	X

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: ►

42c	X
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See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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: ►

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

►  N/A  
► 43 | N/A

Yes	No
44	X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

45	X
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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.

SEE STATEMENT 5

**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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization(s) a section 527 organization?

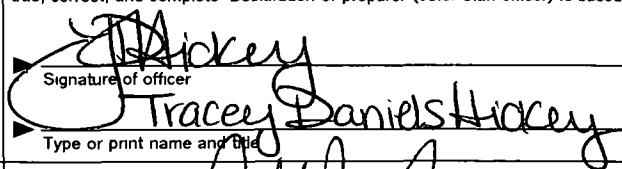
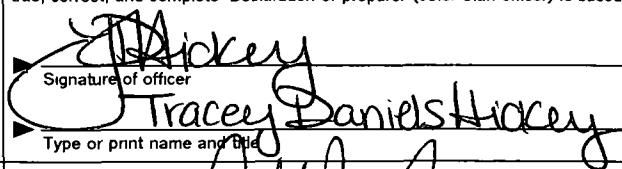
**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

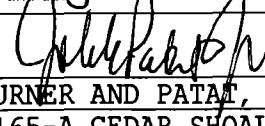
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000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

**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 ►		

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  Type or print name and title	12/24/10 Date
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Paid Preparer's Use Only	Preparer's signature ►  Firm's name (or yours if self-employed), address, and ZIP + 4 ► TURNER AND PATAI, P.C. ► 1165-A CEDAR SHOALS DR ATHENS, GA 30605-3592	Date ► 1/18/10	Check if self-employed ► <input type="checkbox"/> N/A EIN ► N/A Phone no ► (706) 354-1212	Preparer's Identifying Number (See instructions) ► <input type="checkbox"/> N/A
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May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

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

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.

**Employer identification number**

58-6075261

**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?

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

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

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BAA

**BAA 1: For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 550.**

Schedule A (Form 550 or 550 EZ) 2008

**Part I 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						
<b>4 Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (whether within a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> 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.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> 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))	<b>14</b>	<b>%</b>
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>%</b>

**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.

**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.

**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.

**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.

**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 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.')	54,905.	47,934.	71,458.	52,893.	27,410.	254,600.
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	95,009.	99,275.	140,577.	113,931.	105,062.	553,854.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total. Add lines 1-5</b>	<b>149,914.</b>	<b>147,209.</b>	<b>212,035.</b>	<b>166,824.</b>	<b>132,472.</b>	<b>808,454.</b>
<b>7a Amounts included on lines 1, 2, 3 received from disqualified persons</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>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</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c Add lines 7a and 7b</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>8 Public support (Subtract line 7c from line 6.)</b>						<b>808,454.</b>

**Section B. Total Support****Calendar year (or fiscal yr beginning in) ▶**

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9 Amounts from line 6</b>	<b>149,914.</b>	<b>147,209.</b>	<b>212,035.</b>	<b>166,824.</b>	<b>132,472.</b>	<b>808,454.</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</b>	<b>4,847.</b>	<b>9,307.</b>	<b>16,595.</b>		<b>3,479.</b>	<b>34,228.</b>
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						<b>0.</b>
<b>c Add lines 10a and 10b</b>	<b>4,847.</b>	<b>9,307.</b>	<b>16,595.</b>	<b>0.</b>	<b>3,479.</b>	<b>34,228.</b>
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>						<b>0.</b>
<b>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</b>						<b>0.</b>
<b>13 Total support. (add lns 9, 10c, 11, and 12)</b>						<b>842,682.</b>
<b>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.</b>						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.9 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.7 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.1 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	5.2 %
<b>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>		<input checked="" type="checkbox"/>
<b>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.</b>		<input type="checkbox"/>
<b>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</b>		<input type="checkbox"/>

**Part II** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

Department of the Treasury  
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

## Open to Public INSPECTION

Name of the organization

JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.

**Employer identification number**

58-6075261

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part III** **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.

REVENUE		(a) Event #1 TAYLOR GRADY H (event type)	(b) Event #2 MARKETPLACE (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
		49,662.	46,290.	49,919.	145,871.
1	Gross receipts	49,662.	46,290.	49,919.	145,871.
2	Less. Charitable contributions				
3	Gross revenue (line 1 minus line 2)	49,662.	46,290.	49,919.	145,871.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses		24,451.	20,130.	44,581.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				44,581.
	9 Net income summary. Combine lines 3 and 8 in column (d)				101,290.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

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

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

b If 'No,' Explain:

-----

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	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

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

Name ► \_\_\_\_\_

Address: ► \_\_\_\_\_

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

- 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?

- 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: ► \$ \_\_\_\_\_

15a		
17a		

2008

## FEDERAL STATEMENTS

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JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.

58-6075261

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ACC BUS TOUR	\$ 1,160.
ADVERTISING AND PROMOTION	1,163.
ARRANGEMENTS	9,792.
AWARDS	44,619.
BANK SERVICE CHARGES	1,692.
BOARD RETREAT	2,142.
CHRISTMAS DECORATING	76.
CLEANING	1,060.
COMMUNITY ADVISORY BOARD	220.
COMMUNITY RESEARCH/PROJ DEV	53.
COMMUNITY SERVICE	1,168.
COMPUTER SUPPLIES/INTERNET	259.
COPIER LEASE & MAINTENANCE	2,452.
CORPORATE SPONSORSHIP	1,318.
DUES	14,954.
FACILITIES COMMITTEE	100.
INSURANCE	10,803.
LAUNDRY	644.
MARKETING COMMITTEE	2,214.
MEMBERSHIP DEVELOPMENT	264.
MEMBERSHIP FEES	1,024.
MISCELLANEOUS	6,612.
OFFICE EXPENSES	1,156.
OTHER SUPPLIES	858.
PRESIDENT'S FUND/FLOWERS & GIF	289.
PRESIDENT'S MEDALLIONFUND	250.
PROVISIONAL EDUCATION	2,094.
REPAIRS & MAINTENANCE	11,731.
SECURITY	629.
SPAC/PUBLIC AFFAIRS	513.
SUSTAINER COMMITTEE	260.
TELEPHONE	3,770.
TRAINING	250.
TRAVEL	7,415.
UTILITIES	8,569.
WEBSITE	6,361.
YEARBOOK	2,416.
<b>TOTAL</b>	<b>\$ 150,350.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	BEGINNING	ENDING
INVENTORIES	\$ 21,566.	\$ 12,520.
<b>TOTAL</b>	<b>\$ 21,566.</b>	<b>\$ 12,520.</b>

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## FEDERAL STATEMENTS

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JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.

58-6075261

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 720.	\$ 836.
DEFERRED REVENUE	13,943.	16,071.
DUE TO ASSOCIATION OF JUNIOR LEAGUES INT	11,805.	15,076.
TAYLOR GRADY HOUSE DEPOSITS	28,589.	16,236.
<b>TOTAL</b>	<b>\$ 55,057.</b>	<b>\$ 48,219.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
REBECCA FARMER	PRESIDENT 0	0. \$ 0	0. \$ 0	0.
SHONA FOSTER	PRESIDENT ELECT 0	0.	0.	0.
KIM CARMACK	CORRESPONDING S 0	0.	0.	0.
STACY TARVER	RECORDING SEC. 0	0.	0.	0.
ELIZABETH GRANT	TREASURER 0	0.	0.	0.
TRACEY HICKEY	ASST. TREASURER 0	0.	0.	0.
STEPHANIE FIELD	NOMINATION CHAI 0	0.	0.	0.
KATHERINE ALEXANDER	BYLAWS/PARLIMEN 0	0.	0.	0.
ANSLEY EASTMAN	FINANCE COUNCIL 0	0.	0.	0.

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## FEDERAL STATEMENTS

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JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.

58-6075261

## STATEMENT 4 (CONTINUED)

FORM 990-EZ, PART IV

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALI GANT	MEMBERSHIP COUN 0	0. \$	0. \$	0.
STEPHANIE FIELD	COMMUNITY COUNC 0	0.	0.	0.
TRACEY MASSEY	SUSTAINER REP 0	0.	0.	0.
AMY PARRISH	SUSTAINER REP 0	0.	0.	0.
TOTAL		0. \$	0. \$	0.

## STATEMENT 5

FORM 990-EZ, PART VI

## REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Name of Exempt Organization	Employer identification number
<b>JUNIOR LEAGUE OF ATHENS, GEORGIA, INC.</b>	<b>58-6075261</b>
Number, street, and room or suite number If a P O box, see instructions	For IRS use only
<b>TURNER AND PATAT, P.C.</b> <b>1165-A CEDAR SHOALS DR</b>	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
<b>ATHENS, GA 30605-3592</b>	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► SUSAN DODSON  Telephone No. ► 706 316-2858  FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 4/15, 20 10.
- 5 For calendar year       , or other tax year beginning 6/01, 20 08, and ending 5/31, 20 09.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)