



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 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.

OMB No 1545-1150

**2008**

Open to Public Inspection

**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

Please use IRS label or print or type See Specific Instructions

**C Name of organization**

JUNIOR LEAGUE OF MONTGOMERY, INC.

Number and street (or P O box, if mail is not delivered to street address)

3570 CARTER HILL ROAD

City or town, state or country, and ZIP + 4

MONTGOMERY, AL 36111

**D Employer identification number**

63-0384949

**E Telephone number**

334-288-8816

**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.JLMONTGOMERY.ORG**J Organization type** (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**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. 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** ▶ \$ 444,081.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	95,854.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	749.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	313,535.
	6b	Less direct expenses other than fundraising expenses	6b	129,001.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	184,534.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 4 )	8	33,943.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	315,080.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 6	10	44,828.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	19,239.
	13	Professional fees and other payments to independent contractors	13	550.
	14	Occupancy, rent, utilities, and maintenance	14	38,549.
	15	Printing, publications, postage, and shipping	15	31,517.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	154,695.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	289,378.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,702.
	19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	576,035.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	601,737.

**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	343,476.	421,346.
23 Land and buildings	237,603.	228,925.
24 Other assets (describe ▶ SEE STATEMENT 2 )	56,061.	34,880.
25 <b>Total assets</b>	637,140.	685,151.
26 <b>Total liabilities</b> (describe ▶ SEE STATEMENT 3 )	61,105.	83,414.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	576,035.	601,737.

832171  
12-17-08

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

Form **990-EZ** (2008)

SCANNED MAY 20 2008

RECEIVED

MAY 04 2010

GODDEN, UT

IRS-CSS

98 11

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 8**

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.)

<b>28</b>	<b>THE LEAGUE GRANTS MONEY TO EDUCATIONAL AND CHARITABLE ORGANIZATIONS IN THE MONTGOMERY AREA WITH THE FOCUS BEING GENERALLY TOWARDS CHILDREN'S ADVOCACY.</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>77,456.</b>
<b>29</b>	<b>NEWSLETTER AND RELATED COSTS THAT ENCOURAGES COMUNICATION BETWEEN MEMBERS AND IMPROVES EFFECTIVENESS OF COMMUNITY PROJECTS.</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>24,885.</b>
<b>30</b>	<b>OTHER ACTIVITIES USED TO ENHANCE VOLUNTEER CAPABILITIES OF MEMBERS FOR THE COMMUNITY IN CONJUNCTION WITH LEAGUE SERVICE PROJECTS.</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>207,778.</b>
<b>31</b>	<b>Other program services (attach schedule)</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>	<b>310,119.</b>

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

(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 & deferred compensation	(e) Expense account and other allowances
SUSANNAH CLEVELAND, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	PRESIDENT	1.00 0.	0.	0.
HEATHER COLEMAN, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	PRESIDENT-ELECT	1.00 0.	0.	0.
AMY WILLIAMS, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	RECORDING SECRETARY	1.00 0.	0.	0.
HEATHER SELLERS, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	COMMUNICATION COUNCIL VP	1.00 0.	0.	0.
MARNIE DILLON, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	COMMUNITY COUNCIL VP	1.00 0.	0.	0.
AMY JOHNSON, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	FINANCE COUNCIL VP	1.00 0.	0.	0.
LAURA STEVENSON, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	MEMBERSHIP COUNCIL VP	1.00 0.	0.	0.
KATHERINE JACKSON, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	OPERATIONS COUNCIL VP	1.00 0.	0.	0.
CAROLYN EAST, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	NOMINATING COMMITTEE CHAIR	1.00 0.	0.	0.
JEANIE PARNELL, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	ADVISORY/STRATEGIC PLANNING	1.00 0.	0.	0.
SUZANNE DAVIDSON, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	FUND DEVELOPMENT	1.00 0.	0.	0.
MARY CATHERINE PHILLIPS, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	CORRESPONDING SECRETARY	1.00 0.	0.	0.
SANDY GAYDEN, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	MEMBER AT LARGE	1.00 0.	0.	0.
LUANN COBB, 3570 CARTER HILL ROAD, MONTGOMERY, AL 36111	SUSTAINING ADVISOR	1.00 0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> 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
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	X	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶ 0.</span> , section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
<b>b</b> Section 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
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶ NONE</span>		
<b>42a</b> The books are in care of <span style="float:right">▶ CHRISTINE COOK</span> Telephone no <span style="float:right">▶ 334-288-8816</span> Located at <span style="float:right">▶ 3570 CARTER HILL ROAD, MONTGOMERY, AL</span> ZIP + 4 <span style="float:right">▶ 36111</span>		
<b>b</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 <span style="float:right">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<b>c</b> 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 <span style="float:right">▶</span>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b> N/A</span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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.

- 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
- 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."

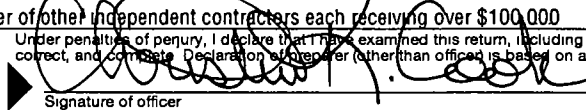
	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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 & 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."

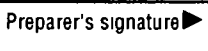
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

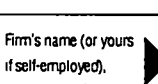

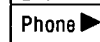
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  Date 4/15/2010

**VP - FINANCE COUNCIL**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date \_\_\_\_\_ Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4  EIN  Phone no 

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

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

63-0384949

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 a 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 the 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 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 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 it 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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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.

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

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

[illegible]

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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> 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</b> Gross receipts from related activities, etc. (see instructions)					<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 <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

**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 year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	195,377.	152,729.	168,740.	194,361.	77,702.	788,909.
<b>2</b> 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	211,273.	223,688.	258,332.	232,558.	313,535.	1239386.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	406,650.	376,417.	427,072.	426,919.	391,237.	2028295.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						2028295.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	406,650.	376,417.	427,072.	426,919.	391,237.	2028295.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,312.	4,716.	4,974.	1,374.	749.	14,125.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,312.	4,716.	4,974.	1,374.	749.	14,125.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	36,863.	24,902.	25,429.	28,702.	20,802.	136,698.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,463.	51,576.	3,839.	77,942.	13,141.	170,961.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						2350079.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	86.31 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	87.54 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.60 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	.91 %

**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 line 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 ☐



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
AJLI DUES	25,233.		
COMMITTEES	6,297.		
BANK AND CREDIT CARD FEES	4,510.		
BOARD RETREAT	8,146.		
COLLEGE NIGHT	12,243.		
EDUCATION AND TRAINING	1,163.		
EQUIPMENT MAINTENANCE AND RENTAL	5,702.		
EQUIPMENT PURCHASES	658.		
FINANCE CHARGES	83.		
INSURANCE	9,867.		
INTEREST	33.		
LEAGUE RELATIONS	50.		
MISC	15,579.		
OFFICE SUPPLIES	2,599.		
POSTAGE	3,464.		
PRESIDENTIAL FUND	1,039.		
PROVISIONAL COMMUNITY PROJECT	8,932.		
PUBLIC RELATIONS	765.		
SUSTAINER TEA	714.		
TAXES	3,111.		
TECHNOLOGY	2,609.		
VOLUNTEER OF THE YEAR	2,100.		
CONFERENCES	7,168.		
DHR BACK TO SCHOOL PROJECT	23,380.		
COMMUNITY PROGRAMS	9,250.		
TOTAL TO FORM 990-EZ, LINE 16	154,695.		

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	27,635.	22,295.	
DONATED ANTIQUES	12,585.	12,585.	
OTHER DEPRECIABLE ASSETS	15,841.	0.	
TOTAL TO FORM 990-EZ, LINE 24	56,061.	34,880.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
-------------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,156.	26,676.
MORTGAGE PAYABLE	3,429.	0.
DEFERRED REVENUE	54,520.	56,738.
TOTAL TO FORM 990-EZ, LINE 26	61,105.	83,414.

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
-------------	---------------	-----------	---

DESCRIPTION	AMOUNT
MISCELLANEOUS	1,330.
ADVERTISING	20,802.
COLLEGE NIGHT	9,386.
SIGN RENTAL	1,125.
BUILDING RENTAL	1,300.
TOTAL TO FORM 990-EZ, LINE 8	33,943.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
-------------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION	24,519.
OTHER EXPENSES	14,030.
TOTAL TO FORM 990-EZ, LINE 14	38,549.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CLOTHES FOR SEVERLY DISABLED CHILDREN RESURRECTION CATHOLIC MISSIONS 2815 FORBES DRIVE MONTGOMERY, AL 36110	NONE	5,400.
WISHES FOR CHILDREN WITH LIFE-THREATENIN MAKE A WISH 4742 N. 24TH STREET, SUITE 400 PHOENIX, AZ 85016	NONE	7,000.
TAX SERVICES FOR LOW INCOME FAMILIES IMPACT ALABAMA 1901 6TH AVENUE NORTH, STE 2400 BIRMINGHAM, AL 35203	NONE	3,000.
APPRECIATION FOR THEATRE AND LITERATURE ALABAMA SHAKESPEARE FESTIVAL 1 FESTIVAL DRIVE MONTGOMERY, AL 36117	NONE	5,000.
DOMESTIC ABUSE FACILITY FAMILY SUNSHINE CENTER P O BOX 5160 MONTGOMERY, AL 36103	NONE	1,928.
ASSIST FAMILIES AFFECTED BY CANCER MONTGOMERY CANCER WELLNESS FOUNDATION 4145 CARMICHAEL ROAD MONTGOMERY, AL 36106	NONE	10,000.
APPRECIATION PROGRAM FOR AT-RISK CHILDRE AUM HUMANICS PROGRAM P O BOX 244023 MONTGOMERY, AL 36124	NONE	1,500.
DEVELOP STUDENTS INTO FUTURE LEADERS BRIDGE BUILDERS 434 N. MCDONOUGH STREET MONTGOMERY, AL 36104	NONE	4,500.
PROMOTE MUSIC AND THE ARTS CLEFWORKS P O BOX 11031 MONTGOMERY, AL 36111	NONE	6,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		44,828.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 8

ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTEERISM, DEVELOPING THE  
POTENTIAL OF WOMEN, AND IMPROVING THE COMMUNITY THROUGH TRAINED VOLUNTEERS.