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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning 6/01/08, and ending 5/31/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JUNIOR LEAGUE OF GALVESTON COUNTY	D Employer identification number 74-2179177
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 210 KEMPNER	E Telephone number 409-765-7646
		City or town, state or country, and ZIP + 4 GALVESTON TX 77550	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.jlgalveston.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 ▶ \$ **178,311**

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	6,319
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	35,932
	4	Investment income	4	4,603
	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 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	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	131,457
6b	Less: direct expenses other than fundraising expenses	6b	61,222	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	70,235	
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 ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	117,089	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	17,260
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	9,083
	13	Professional fees and other payments to independent contractors	13	7,250
	14	Occupancy, rent, utilities, and maintenance	14	6,007
	15	Printing, publications, postage, and shipping	15	6,531
	16	Other expenses (describe ▶ See Statement 3)	16	44,994
17	Total expenses. Add lines 10 through 16	17	91,125	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,964
	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)	19	307,828
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-13,400
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	320,392

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	331,634	446,989
23	Land and buildings	16,641	14,532
24	Other assets (describe ▶ See Statement 5)	3,985	40,386
25	Total assets	352,260	501,907
26	Total liabilities (describe ▶ See Statement 6)	44,432	181,515
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	307,828	320,392

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

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose?

Assistance to the needy of the County of Galveston.

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 See Statement 7

(Grants \$ 17,260) If this amount includes foreign grants, check here 28a 73,492

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here 31a

32 **Total program service expenses** (add lines 28a through 31a) 32 **73,492**

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
See Statement 8		0	0	0

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

		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		
a	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	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ <u>37a</u>		
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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
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
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		X
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The books are in care of ▶ <u>YVETTE SCHULZ</u> Telephone no ▶ <u>409-765-7646</u> <u>210 KEMPNER</u> Located at ▶ <u>GALVESTON, TX</u> ZIP + 4 ▶ <u>77510</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
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
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
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
b If "Yes," was the related organization(s) a section 527 organization?		

(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 ▶				

(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
 Signature of officer: *R. Yvette Schulz* Date: *3/24/2010*
 Type or print name and title: *R. Yvette Schulz, Finance VP*

Paid Preparer's Use Only
 Preparer's signature: *Mary Cambiano* Date: *3/17/10*
 Firm's name (or yours if self-employed): *Cambiano & Cambiano, P.C. - CPA's*
 address, and ZIP + 4: *P.O. Box 936 Santa Fe, TX 77510*
 Preparer's Identifying Number (See instr): *P00582461*
 EIN: *76-0364253*
 Phone no: *409-925-2572*

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JUNIOR LEAGUE OF GALVESTON COUNTY

Employer identification number
74-2179177

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 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 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)		

(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									

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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization 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 from 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 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"/>		

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	30,063	28,370	30,242	29,790	42,251	160,716
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	47,730	82,121	119,185	99,333	131,457	479,826
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	77,793	110,491	149,427	129,123	173,708	640,542
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	77,793	110,491	149,427	129,123	173,708	640,542

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	77,793	110,491	149,427	129,123	173,708	640,542
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,098	6,550	9,958	11,927	4,603	36,136
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,098	6,550	9,958	11,927	4,603	36,136
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	80,891	117,041	159,385	141,050	178,311	676,678

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	94.6598 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.6283 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	5.3402 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.3717 %

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

Part IV **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)

Depreciation and Amortization
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **JUNIOR LEAGUE OF GALVESTON COUNTY** Identifying number **74-2179177**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,110

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	2,110
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 28,216
PROVISIONAL FEE	2,051
HOSPITALITY FEE	<u>5,665</u>
Total	<u>\$ 35,932</u>

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Class of Activity		Date of Gift	FMV Explanation	Purpose
						Book Value	Explanation			
	STUDENT SCHOLARSHIPS	10,000								
	Total	10,000								

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
EDUCATION/CONFERENCES-BOARD	10,280
ARRANGEMENTS	21
SUSTAINERS HOSPITALITY	1,620
PRESIDENTS FUND	500
INSURANCE - 30%	4,016
ADMIN DUES AJLI 30%	3,504
PUBLIC RELATIONS	2,403
PROGRAM DUES AJLI 70%	8,177
FEES/FINES/DUES	-57
INSURANCE 70%	9,370
PEDI - PALS	843
ADOPT-A-SCHOOL (STUFF THE	3,951
CREATING CONNECTIONS	141
KIDS IN THE KITCHEN	223
ROUNDING	2
Total	\$ 44,994

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN/LOSS - UNRES	\$ -12,027
UNREALIZED GAIN/LOSS - ENDOW	-1,383
UNREALIZED GAIN/LOSS - HUGS	10
Total	\$ -13,400

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 453	\$ 4,336
Prepaid Expenses and Deferred Charges	3,532	36,050
	<u>3,985</u>	<u>40,386</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 16,267	\$ 16,397
Deferred Revenue	28,165	165,118
	<u>44,432</u>	<u>181,515</u>

Federal Statements**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

SPECIFIC PROJECTS:

PEDI-PALS - Volunteers visit patients in the Childrens Hospital twice weekly for twenty weeks and collect books and magazines to be used at the hospital; volunteer hours - 78. - \$843

COMMUNITY ASSISTANCE FUND - Supports local non-profit organizations through direct support and grants; volunteer hours - 105. - \$7,260

RONALD McDONALD HOUSE - Provides funds to purchase items for the house (ie blankets, cribs). Residents of the house are temporarily living in the area while their child is being treated at a local hospital; volunteer hours - 0. - \$0

SCHOLARSHIPS - Issues scholarships to local college bound women in need of financial assistance; volunteer hours - 32. - \$10,000

OPPORTUNITY KNOCKS - Provides volunteer support throughout the year to various community activities; volunteer hours 172. - \$0

STUFF THE BUS/ADOPT A SCHOL - Volunteers collected and distributed school supplies to children with Galveston County; volunteer hours 372 - \$3951

CREATING CONNECTIONS - Develop and coordinate a volunteer system for the Children's Center; coordinates training of volunteers from other community organizations; volunteer hours 69; \$141

KIDS IN THE KITCHEN - Develop and coordinate child care activities involving food and nutrition, volunteer hours 73; \$223

GENERAL PROJECTS:

Promoting voluntarism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers for exclusively educational and charitable purposes; \$51,072

FIRST	LAST	ADDRESS	CITY	STATE	ZIPCODE	TITLE	AVG HRS	COMPENSATION	BENEFITS	EXPENSE ACCOUNTS
Marjone	Kovacevich	3406 Duchess Park Ct	Friendswood	Texas	77546	President	33	0	0	0
Michele	Hay	2634 Gerol Drive	Galveston	Texas	77551	President-Elect	20	0	0	0
Kristen	Lepo	2321 37th Street	Galveston	Texas	77551	Secretary	3	0	0	0
Yvette	Schulz	7005 Yucca Drive	Galveston	Texas	77551	Treasurer	3	0	0	0
Kathy	Templeton	3716 Magnolia Ridge	League City	Texas	77539	CVP	3	0	0	0
Jill	Kaale	1126 Shady Knoll Lane	League City	Texas	77539	Ways and Means	3	0	0	0
Amanda	Gardo	36 Campeche Circle	Galveston	Texas	77554	Nom/Placement	10	0	0	0
Ashlee	DuPont	2588 Costa Mesa Circle	League City	Texas	77573	Membership Development	3	0	0	0
Rachel	Keehn	229 Rustic Oaks Dr	League City	Texas	77573	Public Relations	3	0	0	0
Lisa	Mignerey	6 Cedar Lawn South	Galveston	Texas	77551	Administrative Services	1	0	0	0
Elise	Ott	2516 46th Street #1	Galveston	Texas	77551	Member at Large	2	0	0	0
Pamela	Petty	39 Cozumel Circle	Galveston	Texas	77574	Nom/Placement, Co-chair	10	0	0	0
Elizabeth	Shelton	7400 Jones Drive #3424	Galveston	Texas	77551	CR/PPD	3	0	0	0
Dana	Todd	125 Bayou Bend Drive	League City	Texas	77573	Advisory Planning/Bylaws	1	0	0	0
Employee										
Bette J	Nonus	3318 Antilles	Galveston	Texas	77550	Office Secretary	12	\$ 8,437		

• 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).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization JUNIOR LEAGUE OF GALVESTON COUNTY	Employer identification number 74-2179177
	Number, street, and room or suite no. If a P O box, see instructions 210 KEMPNER	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GALVESTON TX 77550	

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 (sec. 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 the care of **▶ YVETTE SCHULZ**
Telephone No **▶ 409-765-7646** 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 **4/15/10**

5 For calendar year **_____**, or other tax year beginning **6/01/08**, and ending **5/31/09**

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
Additional time is requested to gather information to prepare a complete and accurate 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 instructions	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 *[Signature]* Title **▶ Crtfd Public Accountant** Date **▶ 1/15/10**

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec %	179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	4/15/69	4,000			4,000	0 -- Land	0	0
2	TRUHART-ADRIANCE BUILDING	4/15/69	3,536			3,536	20 MO S/L	3,536	0
3	RENOVATIONS	5/31/70	22,154			22,154	20 MO S/L	22,154	0
4	RENOVATIONS	5/31/71	14,693			14,693	20 MO S/L	14,693	0
5	IMPROVEMENTS	6/01/79	20,201			20,201	20 MO S/L	20,201	0
6	IMPROVEMENTS	12/30/81	2,800			2,800	20 MO S/L	2,800	0
7	IMPROVEMENTS	4/15/83	3,840			3,840	20 MO S/L	3,840	0
8	IMPROVEMENTS	6/10/83	750			750	15 MO S/L	750	0
9	ROOF COATING	5/30/84	745			745	15 MO S/L	745	0
10	IMPROVEMENTS	9/16/84	2,600			2,600	15 MO S/L	2,600	0
11	TIN CEILING	10/25/84	735			735	15 MO S/L	735	0
12	IMPROVEMENTS	2/22/85	3,139			3,139	15 MO S/L	3,139	0
13	BIRD GUARDS	5/15/95	2,200			2,200	10 MO S/L	2,200	0
14	FLOOR SPECIALIST-MARBLE BASE, S'	11/05/98	4,500			4,500	15 MO S/L	2,850	300
15	FURNITURE	5/31/71	1,957			1,957	10 MO S/L	1,957	0
16	FURNITURE	2/16/73	215			215	10 MO S/L	215	0
17	FURNITURE	6/01/78	127			127	10 MO S/L	127	0
18	CEILING FIXTURES	10/01/79	400			400	10 MO S/L	400	0
19	ALARM SYSTEM	8/03/81	1,040			1,040	5 MO S/L	1,040	0
20	COMPUTER	4/02/84	4,475			4,475	5 MO S/L	4,475	0
21	WATER HEATER	4/10/84	289			289	5 MO S/L	289	0
22	COMPUTER TABLE	5/30/84	309			309	5 MO S/L	309	0
23	REFRIGERATOR	10/05/84	575			575	5 MO S/L	575	0
24	AIR CONDITIONER	10/05/84	869			869	5 MO S/L	869	0
25	COPY MACHINE	9/30/90	7,568			7,568	5 MO S/L	7,568	0
26	COMPUTER PRINTER	7/01/91	4,068			4,068	5 MO S/L	4,068	0
27	MICROWAVE	9/23/84	420			420	5 MO S/L	420	0
28	AIR CONDITIONER	10/27/92	2,931			2,931	5 MO S/L	2,931	0
29	FURNITURE	7/09/93	320			320	10 MO S/L	320	0
30	COMPUTER SYSTEM	9/21/93	2,290			2,290	5 MO S/L	2,290	0
31	SOFTWARE SOLUTIONS	3/15/94	285			285	5 MO S/L	285	0
32	SHARP FAX MACHINE	4/08/94	300			300	5 MO S/L	300	0
33	SOFTWARE	5/25/94	455			455	5 MO S/L	455	0
34	NAVY RUG - STAR FURNITURE	12/02/98	432			432	10 MO S/L	410	22
35	TABLE DESK, KNEESPACE CREDENZA/	3/30/99	2,290			2,290	10 MO S/L	2,176	114
36	COUCH - DONATED BY SUSAN ZERBE	1/20/99	350			350	7 MO S/L	350	0
37	SWIVEL CHAIR- DONATED BY PETER	10/27/98	627			627	7 MO S/L	627	0
39	RENOVATIONS - GREGORY CONSTRU	1/31/03	10,168			10,168	20 MO S/L	2,711	509
40	ESTUDIO 200 COPIER (TRADED MITA)	4/20/04	8,156			8,156	7 MO S/L	4,758	1,165
	Total Other Depreciation		<u>136,809</u>			<u>136,809</u>		<u>120,168</u>	<u>2,110</u>
	Total ACRS and Other Depreciation		<u>136,809</u>			<u>136,809</u>		<u>120,168</u>	<u>2,110</u>
	Grand Totals		136,809			136,809		120,168	2,110
	Less: Dispositions		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>136,809</u>			<u>136,809</u>		<u>120,168</u>	<u>2,110</u>

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
LAND	\$ 4,000	\$	\$ 4,000	\$ 0
BUILDING - TRUEHEART ADRIANCE	92,061		92,061	
FURNITURE & FIXTURES	40,748		40,748	
ACCUMULATED DEPRECIATION		120,168		122,277
Total	\$ 136,809	\$ 120,168	\$ 136,809	\$ 122,277