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Form **990-EZ** Department of the Treasury

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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) Sponsoning 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

Open to Public Inspection

Inte	mal Rev	enue Service	The organization may have to use a copy of this return to satisfy state reporting requirem	ents.	Inspection
A	For t	he 2008 ca	llendar year, or tax year beginning $JUL 1, 2008$ and ending $JUN 3$	0,	2009
В	Check i	if ble Please	C Name of organization D Em	ployer l	dentification number
	Addr	use IRS			
己	Name	label or print or	JUNIOR LEAGUE OF AMARILLO 7	5-1	035793
F	Initia	al Itype		ephone	number
F	Tem	nin- Specific	1700 SOUTH POLK 8	06/	374-0802
Ε	atior Ame	ended tions		oup Exe	
\vdash	retui Appli Pend	m l		mber D	·
			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m		Cash X Accrual
	- 36	L.11011 30 1 (L)(Schedule A (Form 990 or 990-EZ). Other (specify		
	Wahai	TATTAT	W.JLAMARILLO.ORG H Check ►		he organization is not
					lule B (Form 990, 990-EZ, or 990-PF)
	Check		the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more	tuan \$2	25,000 A return is not
			organization chooses to file a return, be sure to file a complete return		330,667.
			and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	
	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	
	1		ons, gifts, grants, and similar amounts received	1	56,135.
	2	-	ervice revenue including government fees and contracts	2	02 052
	3	Membershi	up dues and assessments	3	82,953.
	4	Investment	t income	4	26,454.
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	b	Less cost	or other basis and sales expenses		
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
ā	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here 🕨 📖		
Revenue	a	Gross reve	enue (not including \$ of contributions		
æ		reported or	n line 1) 6a 147,022.] [
	Ь	Less direct	et expenses other than fundraising expenses 6b 85,011.		
	C	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	62,011.
2	7a	Gross sales	s of inventory, less returns and allowances STMT 7 7a 10,423.		
3	Ь		of goods sold 7b 5,319.		
-			fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,104.
3	8		nue (describe ► SEE STATEMENT 4)	8	7,680.
-	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	240,337.
_	10		d similar amounts paid (attach schedule) STMT 6 STMT 5	10	157,588.
,	11		aid to or for members	11	<u> </u>
ري. دي	12			12	15,678.
Ses	13			13	5,347.
Expen	14		/, rent, utilities, and maintenance	14	24,745.
Ä	1	-	ral fees and other payments to independent contractors y, rent, utilities, and maintenance ublications, postage, and shipping JAN 2 2 2010	15	20,637.
	15 16		y, rent, utilities, and maintenance ublications, postage, and shipping inses (describe ► JAN 2 2 2010 SEE STATEMENT 1)	16	55,406.
	17		Inses. Add lines 10 through 16	17	279,401.
	18		(deficit) for the year (Subtract line 17 from line 9)	18	<39,064.>
ş			or fund balances at beginning of year (from line 27, column (A))	'0	
Net Assets	19		• • • • • • • • • • • • • • • • • • • •	10	1,055,613.
Ž		-	ne with end-of-year figure reported on prior year's return)	19	1,033,013.
ž	20		nges in net assets or fund balances (attach explanation)	20	1,016,549.
-	21		or fund balances at end of year Combine lines 18 through 20	21	1,010,343.
P	art II	Dalan	Ice Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 9	19U-EZ	(D) Fad of voca
			(See the instructions for Part II) (A) Beginning of year		(B) End of year
22			and investments 791,842		650,440.
23		nd and buildii	200 054	23	402 226
24		ner assets (de			492,336.
25		al assets	1,174,796		1,142,776.
26			s (describe SEE STATEMENT 3) 119,183		126,227.
832	Ne		und balances (line 27 of column (B) must agree with line 21) 1,055,613	. 27	1,016,549.
12-	17-08	LHA Fo	or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)

For	n.990-EZ(2008) JUNIOR LEAGUE OF AMARILLO)		75-	10357	93 Page 2				
	art III Statement of Program Service Accomplishme					rpenses				
Wha	at is the organization's primary exempt purpose? TRAINING AND E	DUCATING VOLU	NTEERS		(Required	for 501(c)(3) ganizations and				
Des	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 TRAINING, EDUCATION AND PROGRAMS FOR MEMBERS TO SERVE AS									
28	VOLUNTEERS IN THE COMMUNITY, SUCH A			OF	1 1					
	DIRECTORS.	D ON NON-PROP	II DOAND	<u>Or</u>						
				$\overline{}$	00-	15,730.				
	(Grants \$) If this amount includes foreign of COMMUNITY PROGRAMS - SELECTING OF W		C AND OD	<u> </u>	28a	13,730.				
29										
	ORGANIZATIONS FOR GRANTS AND MONITO	KING OF THE G	KANTS.							
				 -	_	120 655				
	(Grants \$) If this amount includes foreign of	grants, check here		لسا	29a	130,655.				
30		<u> </u>								
	<u> </u>									
					1					
	(Grants \$) If this amount includes foreign of	grants, check here			30a					
31	Other program services (attach schedule)									
	(Grants \$) If this amount includes foreign of	grants, check here			31a					
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	146,385.				
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)				
		(h) Title and average hours	(a) Componention	, , ,	ontributions	(a) Evpopeo				
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		mployee fit plans &	(e) Expense account and				
	(a) Harrio and addition	position	-0)		eferred	other allowances				
			•		pensation					
LC	RI HENKE	PRESIDENT								
40	04 VAN TASSEL, AMARILLO, TX 79121	1.00	0.		0.	0.				
KA	TI ADAMS	PRESIDENT-ELE	СТ							
78	07 TARRYTOWN, AMARILLO, TX 79121	1.00	0.		0.	0.				
	ENDA GRAHAM	COMMUNITY VP								
	10 RIDGEWOOD, AMARILLO, TX 79109	1.00	0.	İ	0.	0.				
	RISTIAN LADD	FUNDRAISING V								
	22 SOUTH HUGHES, AMARILLO, TX 79109	-	Γ ο.		0.	0.				
	RI HOLMAN	CORRESPONDING	·	Y						
	05 UNDERWOOD, AMARILLO, TX 79121	1.00	0.		0.	0.				
	CHELLE REED	RECORDING SEC								
	06 DANBURY, AMARILLO, TX 79109	1.00	0.		0.	0.				
	ANDA MAYFIELD	TREASURER	· · · · · · · ·	 						
	14 CHARLES, AMARILLO, TX 79106	1.00	0.		0.	0.				
	ROL BRUCKNER	TREASURER-ELE		 -		- •				
	09 PARKER, AMARILLO, TX 79109	1.00	0.		0.	0.				
	ACIE BROOKS	SUSTAINING AD								
	19 BENT TREE, AMARILLO, TX 79121	1.00	0.		0.	0.				
70	19 DENI IREE, AMARIEEO, IX 79121	1.00	0.	<u> </u>	<u> </u>					
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চুকুকুৰ	72	l								
8321 12-1	7-08				Form	990-EZ (2008)				

	#E # Other information (Note the statement requirements in the instructions for Part VI.)	_	Vac	No
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	163	X
33 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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
00	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
Ī	tax requirements?	35a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Х	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A	_		
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ► O .			
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	40b		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			
е	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	40e		<u> </u>
41	List the states with which a copy of this return is filed NONE	7.4.0	000	
42 a	The books are in care of ► CAROL BRUCKNER Telephone no ► 806-37	4-0	802	
	Located at ► 1700 SOUTH POLK, AMARILLO, TX ZIP+4 ► 7	910		
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	<u> </u>	Yes	No X
	account)?	42b		
	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.	40-		Х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	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	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	IV/A		
			Yes	No
	Did the experience maintain any depay advised finde? If "Ver." Form 000 must be completed instead of		162	110
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		Х
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
45	completed instead of Form 990-EZ	45		Х
	Completed morean of Louin 220-FT	Form 0	00 57	

75-1035793 Page 4 JUNIOR LEAGUE OF AMARILLO 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. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public No Yes 46 Х office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 48 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If "Yes," was the related organization(s) a section 527 organization? 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" (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more account and per week devoted to benefit plans & than \$100,000 other allowances position deferred NONE compensation 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" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation r independent configations each receiving over \$100,000 Total number of m, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, is passed on all information of which preparer has any knowledge Sign Here Type or print name and title

DUDLEY

MARTIN,

AMARILLO, TX 79105-0669

Check if self-

employed >

EIN ▶

Phone >

Preparer's Identifying Number (See instr.)

806-374-7576

X Yes

Form 990-EZ (2008)

Paid

Preparer's

Use Only

Preparer's signature ▶

Firm's name (or yours

address, and ZIP + 4

if self-employed),

STEWART,

May the IRS discuss this return with the preparer shown above? See instructions

P.O. BOX 669

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

OLLIRAMA TO SUBLEST ROTAUT.

Employer identification number 75–1035793

		DONION	DEAGOE OF A	TULLIT	<u> </u>				, ,	1000	,,,,	
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)				
The organ	iization is not a	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)						
1 🔲	A church, co	nvention of churche	es, or association of chur	rches desc	nbed in se	ection 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									edule H.)			
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	rıbed ın s e	ection 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ıe,
	city, and stat	te:									_	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit descri										d In		
	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)									
6 🖳	A federal, sta	ate, or local governn	nent or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).					
7 📖	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic desc	rıbed ı	n
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ıp fees, and	d gross re	ceipts	from
	activities rela	ited to its exempt fu	nctions · subject to certa	aın exceptı	ons, and (2) no more	e than 33 [.]	1/3% of its	s support f	rom gross	ınvest	ment
	income and i	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization af	iter June 3	30, 197	' 5.
		509(a)(2). (Complet										
10	An organizat	ion organized and o	perated exclusively to te	est for publ	ıc safety. 🤄	See secti o	on 509(a)(4	4). (see ins	structions)			
11 📖	An organizat	on organized and o	perated exclusively for ti	he benefit	of, to perfo	orm the fu	nctions of	, or to can	ry out the p	ourposes o	of one	or
			ations described in secti				2). See se e	ction 509	(a)(3). Chec	ck the box	that	
	_		organization and compl									
	a L Type				e III - Fund	-				Type III - 0		
e			at the organization is not									n
		-	than one or more publich						9(a)(1) or se	ection 509	a)(2).	
f	=		tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check t		-		_			_			
g	•		organization accepted a			_					·	
	• • •	•	directly controls, either a	lone or tog	ether with	persons o	described	in (II) and	(III) below,	44 (1)	Yes	No
	_		supported organization?							11g(i)		-
	•	•	n described in (i) above?		_					11g(ii)		
_			a person described in (i)							11g(iii)	l	
h	Provide the f	ollowing information	about the organizations	s the organ	ization su	oports.						
		·	(iii) Type of	(iv) to the	organization	(v) Did vo	u notify the	(vi) le	c the			
	of supported	(ii) EIN	organization		sted in your		tion in col	(vi) la organizati	on in col	(vii) An		Ť
orga	anization		(described on lines 1-9		document?		r support?	(i) organi U S	zea in the	Sup	port	
			(see instructions)	Yes	No	Yes	No	Yes	No			
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>			_		
								-				
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				ļ			_					
	-			 				<u> </u>	 -			-
Total												

	(Form 990 or 990∙EZ) 2008	
Part II	Support Schedule for Organizations Described in	in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
Sec	ction A. Public Support						
Cal	endar 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 organ-						
	ızatıon'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				<u> </u>	<u></u>	
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)						
	Public Support. Subtract line 5 from line 4						
<u>Sec</u>	ction B. Total Support		F	.			
Cale	endar 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				<u> </u>		
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,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
804	organization, check this box and storetion C. Computation of Publ		roontago				
	 			- Aluma (6)		44	
14	Public support percentage for 2008 (•	column (t))		15	% %
15	Public support percentage from 2007			n line 12 and line	14 10 22 1/20/ 05 0	·	
Ioa	33 1/3% support test - 2008. If the c stop here. The organization qualifies	•			14 IS 33 1/370 OF II	nore, check this bo	
	33 1/3% support test - 2007. If the c	, , , , ,	-		1 line 15 ie 33 1/3%	or more check th	nie box
U	and stop here. The organization qual	-				o or more, check to	▶ □
17~	10% -facts-and-circumstances tes	• •	• •		e 13 16a or 16h s	and line 14 ie 10%	or more
170	and if the organization meets the 'fac	*					
	meets the "facts-and-circumstances"			-	-	it iv now the organ	▶
	10% -facts-and-circumstances tes	-	-		-	17a and line 15 is	10% or
O	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						_ ▶□
10	Private foundation. If the organization		-	•			
10	Fire iounication. II the organization	in did flot Check a	DOX OIT IIIIB 13, 10	a, 100, 17a, 01 17		dule A /Form 990	

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 164,923. 162,155. 130,891, 139,088. 742,699. include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 194,929. 177,095. 144,293. 157,445. organization's tax-exempt purpose 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 279,710. 359,852. 339,250. 275,184. 296,533. 1550529. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 20,000. 52,519 15,000 18,500. 39,375 145,394. 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 20,000 39,375 52,519 15,000 18,500. 145,394. c Add lines 7a and 7b 1405135. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 **(b)** 2005 (d) 2007 (e) 2008 (f) Total 279,710. 359,852 339,250. 275,184. 296,533. 1550529. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 13,111 20,362 33,864 36,570 26,454. 130,361. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 13,111 20,362. 36,570. 26,454. 130,361. 33,864. c Add lines 10a and 10b 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.) 1680890. 13 Total support (Add lines 9, 10c, 11, and 12) 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 83.59 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 85.10 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 7.76 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 5.37 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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 $\triangleright X$ 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
OFFICE EXPENSE			4,913.
INSURANCE			8,949.
MEETINGS AND TRAINING			9,057.
CONFERENCES EXPENSE			11,311.
GIFTS AND AWARDS			5,263.
OTHER EXPENSES			7,051.
DEPRECIATION			8,862.
TOTAL TO FORM 990-EZ, LINE 16			55,406.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		47,805.	53,870.
PREPAID EXPENSES		117.	357.
INVENTORY		52,413.	48,099.
LONG-TERM INVESTMENTS		225,000.	340,000.
OTHER DEPRECIABLE ASSETS		57,619.	50,010.
TOTAL TO FORM 990-EZ, LINE 24		382,954.	492,336.
FORM 990-EZ	OTHER LIABILITIES	<u></u>	STATEMENT 3
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		36,842.	45,538.
DEFERRED DUES AND FEES		82,341.	80,689.
TOTAL TO FORM 990-EZ, LINE 26		119,183.	126,227.

FORM 990-EZ	OTHER REVENUE	STATEMENT 4	
DESCRIPTION	AMOUNT		
MISCELLANEOUS INCOME NEWSSHEET ADVERTISING	2,230. 5,450.		
TOTAL TO FORM 990-EZ, LINI	E 8	7,680.	

FORM 990-EZ	PAYMENTS TO	AFFILIATES	STATEMENT 5
AFFILIATE'S NAME		AFFILIATES ADDRESS	;
THE ASSOCIATION OF JUNIOR	LEAGUES, INC.	825 THIRD AVENUE NEW YORK, NEW YORK	10022
PURPOSE OF PAYMENT			TRUOMA
MEMBERSHIP DUES			26,933.
TOTAL INCLUDED ON FORM 990	-EZ, LINE 10		26,933.
FORM 990-EZ C	ASH GRANTS AND	ALLOCATIONS	STATEMENT 6
CLASS OF ACTIVITY/DONEE'S	NAME AND ADDRE	DONEE'S SS RELATIONS	
SCHOLARSHIPS FOR ACE STUDE AMARILLO AREA FOUNDATION - 801 SOUTH FILLMORE, SUITE AMARILLO, TX 79101	ACE HOUSING	NONE	15,000.
AMARILLO MUSEUM OF ART DOC 2200 SOUTH VAN BUREN STREE AMARILLO, TX 79109	NONE	8,010.	
ASSIST HARRINGTON CANCER C HARRINGTON CANCER CENTER 1500 WALLACE BLVD. AMARILLO, TX 79106	ENTER	NONE	5,020.
HELP WITH SUPPLIES AND OTH HOPE AND HEALING PLACE 1721 SOUTH TYLER AMARILLO, TX 79102	ER EXPENSES	NONE	6,000.
HELP PROVIDE MEALS TO NEED KIDS' CAFE/HIGH PLAINS FOO 815 ROSS STREET AMARILLO, TX 79102		NONE	15,000.

JUNIOR LEAGUE OF AMARILLO		75-1035793
KIDS IN THE KITCHEN	NONE	1,419.
TO HELP WITH CONSTRUCTION OF MEDICAL CEN MEDICAL CENTER LEAGUE HOUSE 6641 AMARILLO BLVD. WEST AMARILLO, TX 79106	NONE	50,000.
NORTHWEST TEXAS HEALTHCARE CHILDRENS CHILD LI	NONE	6,956.
ASSIST CHILD PROTECTIVE SERVICES - TX DE RAINBOW CONNECTION 6200 I-40 WEST AMARILLO, TX 79106	NONE	8,250.
COMMUNITY ASSISTANCE FUND VARIOUS ORGANIZATIONS 1700 SOUTH POLK AMARILLO, TX 79102	NONE	15,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		130,655.

FORM	1 990-EZ		ME AND C LUDED ON				STATEMENT	7
INCC)ME							
2.	GROSS RECEIPTS RETURNS AND ALI	LOWANCES .			• •	10,423	10,	122
4.	COST OF GOODS S GROSS PROFIT (I	SOLD (LINE	13)			5,319		104
	OF GOODS SOLD		DINE 1,					
7. 8. 9.	INVENTORY AT BE MERCHANDISE PUR COST OF LABOR MATERIALS AND S OTHER COSTS .	CHASED		• • • •	• •	52,413 1,005		
	ADD LINES 6 THE						53,	418
	INVENTORY AT EN			LINE 12)	48,099	5,	319

FO		FORMATION REGARDING TRANSFERS STATE TED WITH PERSONAL BENEFIT CONTRACTS	MENT 8	8	
A)	DIRECTLY OR INDIRECTI	DURING THE YEAR, RECEIVE ANY FUNDS, LY, TO PAY PREMIUMS ON A PERSONAL LY. TO PAY PREMIUMS ON A PERSONAL PREMIUMS ON A	[X] NO		
B)	· · · · · · · · · · · · · · · · · · ·	DURING THE YEAR, PAY PREMIUMS, LY, ON A PERSONAL BENEFIT CONTRACT? [] YES	[X] NO		