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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 5/01, 2009, and ending 4/30, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
JUNIOR AUXILIARY OF COLUMBIA
P.O. BOX 549
COLUMBIA, MS 39429

D Employer identification number
23-7387000

E Telephone number

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) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 38,676.

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	<u>2,785.</u>
4 Investment income	4	<u>131.</u>
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)	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	<u>33,655.</u>
6b Less: direct expenses other than fundraising expenses	6b	<u>17,318.</u>
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>16,337.</u>
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 <u>SEE STATEMENT 1</u>)	8	<u>2,105.</u>
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>21,358.</u>
10 Grants and similar amounts (attach schedule)	10	<u>2,000.</u>
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	<u>200.</u>
14 Occupancy, rent, utilities, and maintenance	14	<u>1,358.</u>
15 Printing, publications, postage, and shipping	15	<u>210.</u>
16 Other expenses (describe <u>SEE STATEMENT 3</u>)	16	<u>17,384.</u>
17 Total expenses. Add lines 10 through 16	17	<u>21,152.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>206.</u>
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	<u>80,101.</u>
20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 4</u>	20	<u>3,240.</u>
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<u>83,547.</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	<u>79,072.</u>	<u>82,518.</u>
23 Land and buildings		
24 Other assets (describe <u>SEE STATEMENT 5</u>)	<u>1,029.</u>	<u>1,029.</u>
25 Total assets	<u>80,101.</u>	<u>83,547.</u>
26 Total liabilities (describe <u>SEE STATEMENT 6</u>)	<u>0.</u>	<u>0.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>80,101.</u>	<u>83,547.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED SEP 29 2010

Expenses
(Required for section
501(c)(3) and (4)
organizations and section
4947(a)(1) trusts, optional
for others)

28a	9,167.
-----	--------

29a	2,000.
-----	--------

30 a

31 a

32	11,167.
----	---------

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BETH BOUTWELL PO BOX 549 COLUMBIA, MS 39429	PRESIDENT 0	0.	0.	0.
LEE FANCHER PO BOX 549 COLUMBIA, MS 39429	VICE PRESIDENT 0	0.	0.	0.
SUMMER SMITH PO BOX 549 COLUMBIA, MS 39429	SECRETARY 0	0.	0.	0.
ANDREA HENEBRY PO BOX 549 COLUMBIA, MS 39429	SECRETARY 0	0.	0.	0.
EMILY RAYBORN PO BOX 549 COLUMBIA, MS 39429	TREASURER 0	0.	0.	0.
AMANDA THORNHILL PO BOX 549 COLUMBIA, MS 39429	PROJECTS CHAIR 0	0.	0.	0.
MELISSA ARINDER PO BOX 549 COLUMBIA, MS 39429	FINANCE CHAIR 0	0.	0.	0.
LINDSEY DAVIS PO BOX 549 COLUMBIA, MS 39429	FINANCE CHAIR 0	0.	0.	0.

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

SEE STATEMENT 9

	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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
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 outstanding at the end of the period covered by this return?		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:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
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 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **TREASURER-CONTACT CPA BELOW** Telephone no **(601) 736-0112**
 Located at _____ ZIP + 4 _____

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)? **42b**

If 'Yes,' enter the name of the foreign country _____

	Yes	No
42b		X
42c		X

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

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **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 and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐ N/A

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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

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

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

48 Is the organization 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 a section 527 organization?

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

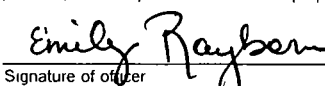
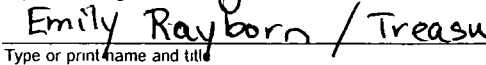

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.			
	 Signature of officer		9/14/10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	 J. THOMAS SANDERSON, III, CPA	Date	9/9/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	SANDERSON CPA, PLLC 704 MAIN STREET COLUMBIA, MS 39429-2725		
	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
		EIN	N/A	
		Phone no	(601) 736-0112	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	8,343.	13,365.	3,430.	2,625.	3,050.	30,813.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	8,343.	13,365.	3,430.	2,625.	3,050.	30,813.
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).						0.
6 Public support. Subtract line 5 from line 4						30,813.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,343.	13,365.	3,430.	2,625.	3,050.	30,813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164.	54.	121.	198.	123.	660.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV				1,786.	1,848.	3,634.
11 Total support. Add lines 7 through 10						35,107.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	87.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.0 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
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 through 5.						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on 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 lns 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%
19a 33-1/3 support tests — 2009. 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. ▶ <input type="checkbox"/>		
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

JUNIOR AUXILIARY OF COLUMBIA

23-7387000

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS REVENUE	1,848.	1,786.			
TOTAL	\$ 1,848.	\$ 1,786.	\$ 0.	\$ 0.	\$ 0.

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

JUNIOR AUXILIARY OF COLUMBIA

Employer identification number

23-7387000

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

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

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

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

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1 CHARITY BALL (event type)	(b) Event #2 DANA'S KIDS GO (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	24,610.	9,045.		33,655.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	24,610.	9,045.		33,655.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes		531.		531.
	6 Rent/facility costs	1,694.	1,325.		3,019.
	7 Food and beverages	5,079.	603.		5,682.
	8 Entertainment	700.			700.
	9 Other direct expenses	5,671.	1,715.		7,386.
	10 Direct expense summary Add lines 4- through 9 in column (d)				17,318.
	11 Net income summary Combine lines 3, column (d) and line 10				16,337.

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

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

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

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

b If 'No,' explain

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

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

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

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

BAA

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

TOTAL	\$	2,105.
	\$	<u>2,105.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	BRITTANY FORTENBERRY	
	COLUMBIA, MS 39429	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	LAKEN SPEIGHTS	
	COLUMBIA, MS 39429	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ERIKA LOWE	
	COLUMBIA, MS 39429	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	MOLLY LONGO	
	COLUMBIA, MS 39429	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BETTY ROBBINS ENDOWED SCHOLARS	\$	175.
BODY WALK		519.
COMMUNITY ENHANCEMENT		150.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,169.
CROWN CLUB		2,663.
DANA'S KIDS		1,116.
EMERGENCY WELFARE		639.
FLOWERS		212.
INSURANCE		824.
LAST DANCE		82.
NAJA HANDBOOKS		233.
NAJA RESOURCE CENTER		15.
NAJA SCHOLARSHIP		175.
NATIONAL DUES		2,370.
OFFICE EXPENSES		599.
PRINCESS FOR A DAY		1,111.
PROVISIONALS		213.
START SMART		2,887.

STATEMENT 3 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

T-SHIRTS

	\$	1,232.
TOTAL	\$	<u>17,384.</u>

STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF MARKETABLE SECURITIES

	\$	3,240.
TOTAL	\$	<u>3,240.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

FURNITURE AND FIXTURES

	BEGINNING	ENDING
	\$ 1,029.	\$ 1,029.
TOTAL	<u>\$ 1,029.</u>	<u>\$ 1,029.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENHANCE THE WELFARE OF CHILDREN OF MARION COUNTY, MS

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

VARIOUS PROGRAM SERVICES FOR THE BENEFIT OF CHILDREN AND NEEDY FAMILIES IN THE COMMUNITY - BUNDLES OF BOOKS, START SMART, S.P.I.N., SUNSHINE FRIENDS, CROWN CLUB, EMERGENCY WELFARE, 7TH GRADE SAVVY, ANOTHER CHILD, CHILDREN'S HEALTH SAFETY, DANA'S KIDS, COMMUNITY ENHANCEMENT, BODY WALK ETC. THESE PROGRAMS INVOLVED 932 COMMUNITY SERVICE HOURS AND SERVED 854 PEOPLE IN MARION COUNTY

STATEMENT 8
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FRIENDS OF CITY PARK - COORDINATED EFFORTS IN FUND RAISING, VOLUNTEER RECRUITMENT, PLANNING, BUILDING & MAINTAINING A NEW PLAYGROUND IN THE CITY PARK FOR THE CHILDREN OF THE CITY OF COLUMBIA AND MARION COUNTY

STATEMENT 9
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

NO

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

NO

APPLICATION FOR JUNIOR AUXILIARY OF COLUMBIA SCHOLARSHIP

(Please print or type)

ELIGIBILITY - Any senior who is a resident of Marion County and attends any high school within Marion County.

DEADLINE - Application is due to the Guidance Office by the date listed on the cover page of this application. The Guidance Office needs to know the two teachers you choose for recommendations. You are responsible for returning the application to the Guidance Office. The teachers you choose are responsible for returning their recommendations to the Guidance Office.

SCHOLARSHIP PAYMENT - The scholarship is \$1,000. In order to accept this award, the recipient must attend a 2 or 4 year accredited college in the United States.

JUDGING - The applicants will be judged by a Judging Committee composed of individuals from Marion County. The criteria for the judging of applicants are as follows:

1. 15% - ACT or SAT Composite Scores
2. 20% - The Applicant's Cumulative Grade Point Average (Excluding Spring Semester Grades)
3. 15% - Applicant's Curriculum
4. 30% - Financial Need
5. 10% - Extracurricular Activities
6. 10% - Work Activities

Name of Applicant _____

Last

First

Middle

Home Address _____

Mother's Name _____

Father's Name _____

Name of High School _____

Social Security Number _____

Mother's Occupation _____

Father's Occupation _____

Which category describes the approximate gross yearly income of your family?
(Please include earned and unearned income including investment and retirement proceeds)

_____ \$13,000 - \$25,000

_____ \$25,001 - \$40,000

_____ \$40,001 - \$54,999

_____ \$55,000 - \$79,999

_____ \$80,000 and above

Grade Point Average _____ Class Rank _____ Class Size _____ ACT Score _____

What college do you plan to attend? _____

Do you need financial aid to continue your education? _____ If yes, explain _____

Course Schedule:

11th Grade _____

12th Grade _____

High School Honors and Awards: _____

Extracurricular Activities - Organizations, Clubs, Sports, Student Government, etc.
(Show years of involvement and indicate any office held) _____

Community Involvement _____

Work Activities - Are you now employed? _____ If yes, what type of work and how many hours per week? _____

List any other work activities _____

Teacher Recommendations: Select two teachers who have taught you or worked with you in a club during your junior or senior year. Ask them to complete the attached teacher recommendation form and return it to the Guidance Office.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

JUNIOR AUXILIARY OF COLUMBIA SCHOLARSHIP

TEACHER RECOMMENDATION

Name of Applicant _____

Course work with Applicant _____

Please rate the applicant below in each of the following characteristics in comparison with others of about the same age.

<u>Characteristic</u>	<u>Excellent</u>	<u>Good/Average</u>	<u>Below Average</u>
Moral Character	_____	_____	_____
Leadership Ability	_____	_____	_____
Dependability	_____	_____	_____
Cooperation	_____	_____	_____
Citizenship	_____	_____	_____
Academic Orientation	_____	_____	_____

Please provide comments that could assist the committee in making a good scholarship decision.

Teacher Signature

Date