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For,m 990-EZ

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

OMB No 1545-1150

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 Department of the Treasury Open to Public Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2009 calendar year, or tax year beginning 2009 APR 30, Check if D Employer identification number C Name of organization Please use IRS Address Change JUNIOR LEAGUE OF GAINESVILLElabel or] Name | change 58-6003789 HALL COUNTY print or INC. type Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return Room/suite Termin-ated Specific 770-535-1951 P.O. BOX 1472 Instruc-City or town, state or country, and ZIP + 4 F Group Exemption tions Application pending GAINESVILLE, GA 30503-1472 Number > Cash X Accrual G Accounting method: Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ WWW.GAINESVILLEHALLJUNIORLEAGUE.ORG H Check ► X if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \rightarrow (insert no.) \longrightarrow 4947(a)(1) or J 527 | required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 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. 256,738. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 7,325. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 36,440. 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses

c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 5c a GSSPend (not including s of contributions 163,767 reported on line 1) 58,696 6b b Less: direct expenses other than fundraising expenses 105,071. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 2,890. 7a Gross sales of inventory, less returns and allowances STMT 6 72 STMT 7 2,849 7b Less: cost of goods sold 41. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 46,316. Other revenue (describe SEE STATEMENT 4) 8 195,193. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 5 41,342. 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 8,021. 12 12 Salaries, other compensation, and employee benefits 9,100. Professional fees and other payments to independent contractors 13 13 9,492. 14 Occupancy, rent, utilities, and maintenance 14 13,998. 15 Printing, publications, postage, and shipping SEE STATEMENT 1) 50,945. Other expenses (describe 16 16 132,898. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 62,295. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 <u>357,660.</u> 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 419,955. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 421,198. 353,976. 22 Cash, savings, and investments 23 23 Land and buildings 22,429. Other assets (describe SEE STATEMENT 2) 32,941. 24 443,627. 386,917. 25 25 Total assets 29,257. <u>23,672.</u> SEE STATEMENT 3) 26 Total liabilities (describe 419,955. 357,660. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Г	JUNIOR LEAGUE OF GAINESVI	LLE-		- 0	60000		Dogo 9
	ո ∮90-EZ (2009) <u>HALL COUNTY, INC.</u> art III Statement of Program Service Accomplishmer	1ts (See the instructions for	Port III \	58-	60037		Page 2
			Pait III.)		(Required fo	cpenses or section 5	0.1(c)(3)
	at is the organization's primary exempt purpose? SEE STATEMENT scribe what was achieved in carrying out the organization's exempt purpose.		use manner deser		and 501(c)(4) organizat	ions and
	services provided, the number of persons benefited, and other relevan			De	section 494 for others)	7(a)(1) trust	s, optional
28	SEE STATEMENT 9	prog			1		
		-			1		
	(Grants \$) If this amount includes foreign g	rants, check here			28a	16,	294.
29	FUNDING IS PROVIDED TO VARIOUS LOCA						
	SERVICE ORGANIZATIONS TO BENEFIT AT						
	ELDERLY AND OTHERS IN NEED OF COMMU	<u>NITY ASSISTAN</u>	ICE.	_			
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		29a	41,	<u> 256.</u>
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	/Oranda (h				00-		
21	(Grants \$) If this amount includes foreign of	rants, cneck nere	<u>P</u>		30a		
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign of	urante chack hara	_		31a		
32	Total program service expenses (add lines 28a through 31a)	nants, check here			32	57.	550.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions	for Part IV)	
				(d) Co	ontributions		
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &		rpense int and
	(,	position	-0)		eferred		owances
				com	pensation		
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932	172 18-10				Form	990-É	Z (2009)

Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 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 lax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35b If "Yes," has it filed a tax return on Form 990-T for this year? 36b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a	Pa	rt V	Other Information (Note the statement requirements in the instructions for Part V.)			
34 Were any changes made to the organization or governing documents? If Yes, statish a conformed copy of the changes If the organization had accome from business activities, such as those reported on fires 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 had accome from 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has the did a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, has it flied a tax return on Form 990-T for this year? b If Yes, complete Schedule I, Part II and either the total amount involved b Gross recepts, included on line 9, for public use of club facilities i Indiation fees and capital contributions included on line 9, for public use of club facilities is section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 9911 № c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or dequalitied person in a prior year, and that the transaction has not been reported on any of the organizations of the organization has not been reported on any of the organizations. For orm 990 medically person in a prior year, and that the transaction has not been reported on any of the organization and organization and person to a proper transaction organization with a complete Schedule I, Part II or set year. We have				1	Yes	No
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The Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	36	Did the o	rganization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c		complete	applicable parts of Sch. N	36		_X_
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		organizations and section 4947(a)(1) nonexempt charitable and 51	e trusts must answer question	ns 46-49b and con	nplete the tables	i for li	nes 5	0
46	Did th	he organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public			Yes	No
		? If "Yes," complete Schedule C, Part I				46		X
47	Did th	he organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II			47		X
48	Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E			48		X
49 a	Did th	he organization make any transfers to an exempt non-charitable related	d organization?		<u> </u>	49a		X
b		s," was the related organization a section 527 organization?			_	49b		
50		plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, enti	· ·	s, trustees and key er	nployees) who ead	th rec	eived r	nore
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe count r allow	and
f 51	Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepensization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ved more than \$100,			om the	
d	Total	number of other independent contractors each receiving over \$100,00		>	Linewieder and help		brita	
Sign Here		correct, and complete Declaration of preparer of the rithan officer is based on all Signature of officer	L, Treasure	knowledge	Date 8-9-	<u>a</u>	<u>Ö1</u>	0
Paid Prep Use	arer's	1004-1000	8/8/10 em	oloyed X	arer's identifying nur	nber (S	ee instr)
J06 1	omy .	ALEXANDER, ALMAND & AS riself-employed). address, and ZIP + 4 GAINESVILLE, GA 30503	SSOCIATES	Phone no.		6-1	051	 1
Mav	the IRS	S discuss this return with the preparer shown above? See instructions	 }			Yes		No
···ay		5 5155555 1315						(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

JUNIOR LEAGUE OF GAINESVILLE-

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			HALL CO	UNTY, INC.						<u>58</u>	<u>-6003</u>	<u> 789</u>	
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions				
Γhe	organ	zation is not a	a private foundation	because it is (For lines 1	through 1	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization of	described	ın section	170(b)(1)	(A)(iii).					
4		•	· · · · · · · · · · · · · · · · · · ·	operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
		city, and stat				,				-	-		
5		-		benefit of a college or ur	niversity ov	wned or or	erated by	a governi	nental unr	describe	d in		
Ī		_	(b)(1)(A)(iv). (Comple	_	•	·	•	Ū					
6				ent or governmental und	described	d ın sectio	n 170(b)(1	I)(A)(v).					
	$\overline{\mathbf{x}}$		· -	eives a substantial part					r from the	general p	ublic desc	nbed ı	n
	section 170(b)(1)(A)(vi). (Complete Part II)												
8				ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9				eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, and	d gross re	ceipts	from
		activities rela	ited to its exempt fur	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvest	ment
		income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization at	fter June 3	0, 197	' 5.
		See section	509(a)(2). (Complete	Part III)									
10		An organizati	ion organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I) .				
11		An organizati	ion organized and of	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carry	y out the p	ourposes o	of one	or
		more publicly	y supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2) See sec	tion 509(a)(3). Ched	ck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.			_			
		a Type I	। ь∟	_l Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d 🔲	Type III - 0	Other	
e		-	_	it the organization is not									n
				han one or more publicly						(a)(1) or s	ection 509	(a)(2).	
1	•	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganızatıon, check th	nis box									Ш
ğ)	_		organization accepted ar			•						
		••	•	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (ııi) below,		Yes	No
		-	• •	upported organization?							11g(i)		
		. ,	•	n described in (i) above?		_					11g(ii)	-	<u> </u>
				person described in (i) o							11g(iii)	l	<u> </u>
ł	1	Provide the fo	ollowing information	about the supported or	ganization	(s).							
			1	(iii) Type of	L				[();;) [o	the			
(i	•	of supported	(ii) EIN	organization		organization sted in your			(vi) Is organization	on in col. I	(vii) An		ıf
	orga	inization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(oco monacacho))	103	110	103	110	103	'''			
										 			
					<u> </u>								
					ļ								
<u>Tot</u>	al				<u> </u>	1			L	<u> </u>			

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

JUNIOR LEAGUE OF GAINESVILLE-

58-6003789 Page 2

Schedule A (Form 990 or 990 EZ) 2009 HALL COUNTY,

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 43,765. include any "unusual grants") 43,183 45,349 47,184 41,030. 220,511. 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 43,183. 45,349 47,184. 41,030. 43,765. 220,511. 4 Total. Add lines 1 through 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) 220,511. Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008(e) 2009 (f) Total 43,183 45,349 47,184 41,030. 43,765. 220,511. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,947. 11,544. -3,206.-29,391.35,861. 22,755. 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 2,505 6,664. 399 179 assets (Explain in Part IV.) 253,013. 11 Total support. Add lines 7 through 10 822,035. 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 87.15 14 102.29 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ 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 Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for O 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					1		
membership fees received. (Do not					ĺ		
include any "unusual grants.")					<u> </u>		
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							
3 Gross receipts from activities that							•
are not an unrelated trade or bus-							
iness under section 513				ļ. <u> </u>	↓		
4 Tax revenues levied for the organ- ization'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				 	\vdash		
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 \$5,000 or 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 year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total
9 Amounts from line 6			<u></u>		ļ		
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					<u> </u>		
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)							L
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 50	1(c)(3) organız	ation,
check this box and stop here	. 0						▶∟_
Section C. Computation of Public					1	1	
15 Public support percentage for 2009 (lir		•	column (f))		15		9
16 Public support percentage from 2008					16	<u> </u>	<u> </u>
Section D. Computation of Inves	-		40		T	<u> </u>	
17 Investment income percentage for 200			ne 13, column (f))		17	ļ	9
18 Investment income percentage from 2				مريد	18	L	9
19a 33 1/3% support tests - 2009. If the c	•					3%, and line 1	I / is not
more than 33 1/3%, check this box an	•	•		• • •			. ▶∟_
b 33 1/3% support tests - 2008. If the c	•						and
line 18 is not more than 33 1/3%, chec		-					P
20 Private foundation. If the organization	gia not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	struc	tions	P

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► 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

Open To Public

Inspection

Name of the organization

JUNIOR LEAGUE OF GAINESVILLE-

Employer identification number

HALL COUNTY, INC.					58-6003789				
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pablif "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includ	non-ge goven using e ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes				
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(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						
-									
	De la registere d'en la collection	funda (- haa	been petitied it in ou	ampt from requetrets				
List all states in which the organizatio	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.								

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 HALL COUNTY, INC.

58-6003789 Page 2

(a) Event #1 (b) Event #2 (c) Other events (d) Total events (d) Total events (d) Total events (d) Cotal number) (event type) (event type) (event type) (cotal number) (cd. (a) through cot. (cd. (a) thr	Pa	ırt I	Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with	_		IV, line 18, or reported i	more than \$15	,000	
CHARITY BALLTHRIFT SALE (cold a) through cold (a) through cold (b) cold number) (cold a) through cold (c) cold number) (cold a) through cold (c) cold number) (cold num		<u> </u>				(c) Other events	(d) Total e	vente	
Charity Ballithritis Sale (covert type)									ı
Consider the state of the organization contract of the organization operate gaming activities in each of these states? Consider the organization contraction of the organization operate gaming activities in each of these states? Consider the organization contraction operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities in each of these states? Consider the organization operate gaming activities with nonmembers? Consider the organization operate gaming activities in each of the								-	•
2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertamment 9 Other direct expenses unmany Add lines 4 through 9 in column (d) 1 Not income summany. Combine line 3, column (d) and line 10 1 Sit, 5000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labscinstant of bingo/progressive bingo (c) Other gaming (d) Total gaming (ad) through col. (e) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Eriter the state(s) in which the organization operates gaming activities in each of these states? b if "No," explain: 10 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?	97			(event type)	(event type)	(total number)		,, ——	
3 Gross income (tine 1 minus line 2) 123,095. 40,672. 3,971. 167,738 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 2,000. 7,201. 9,201 7 Food and beverages 8 Entertainment 9 Other direct expense summary. Add lines 4 through 9 in column (d). 39,505. 9,990. 3,024. 52,519. 10 birect expense summary. Add lines 4 through 9 in column (d). 39, 101 in 101 i	Reven	1	Gross receipts	123,095.	40,672.	3,971.	167	,738	<u>.</u>
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 2,000, 7,201. 9,201 7 Food and beverages 8 Entertainment 9 Other drect expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 1, column (d), and line 10 Part III Gaming. Complete of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 980-EZ, line 6a. (a) Bingo (b) Pull labs/instant lingo/progressive bingo (c) Other gaming (cd) Total gaming (add (c), (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d), and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of those states? b If "No," explain: 10a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?		2	Less: Charitable contributions						
5 Noncash prizes 6 Rent/facility costs 2,000. 7,201. 9,201 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 10 Text expense summary Combine line 3, column (d), and line 10 Part IIII Garming, 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 labs/instant bingo/progressive bingo (c) Other gaming (d). (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operates 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?		3	Gross income (line 1 minus line 2)	123,095.	40,672.	3,971.	167	<u>,738</u>	<u>.</u>
8 Rent/facility costs 2,000. 7,201. 9,201 7 Food and beverages 8 Entertainment 9 Other direct expense summary Add lines 4 through 9 in column (d) 1 Net income summary. Combine line 3, column (d) (d) (e) Cther garning (e) Compiler of the organization operate garning activities in each of these states? 6 Volunteer labor 9 Enter the state(s) in which the organization operate garning activities in each of these states? 10 Were any of the organization operate garning activities with nonmembers? 10 Does the organization operate garning activities with nonmembers?		4	Cash prizes						
8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/faclitry costs 5 Other direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operate gaming activities in each of these states? b If "No," explain: 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers?	ses	5	Noncash prizes						
8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/faclitry costs 5 Other direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 9 Enter the state(s) in which the organization operate gaming activities in each of these states? b If "No," explain: 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers? 1 Does the organization operate gaming activities with nonmembers?	Expen	6	Rent/facility costs	2,000.	7,201.		9	,201	<u>. •</u>
9 Other direct expenses 39,505. 9,990. 3,024. 52,519 10 Direct expenses summary Add lines 4 through 9 in column (d)	Direct	7	Food and beverages						
10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 1, column (d) 11 Net income summary. Combine line 1, column (d) 11 Net income summary. Combine line 1, column (d) 12 Enter the state(s) in which the organization operate gaming activities in each of these states? 10 Were any of the organization operate gaming licenses revoked, suspended or terminated during the tax year? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers?				39 505	9 990	3 024	52	510	<u> </u>
1 Net income summary. Combine line 3, column (d), and line 10 106,018		_	·		<u> </u>	3,024.	(61	.720	<u>•</u> (
Saming. 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. Color Stock Stock Color Stock									
Gross revenue Gross revenu	Pε		II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
1 Gross revenue 1 Gross revenue 2 Cash prizes 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes		_	\$15,000 on Form 990-EZ, line 6a.		,		r · 		
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	en			(a) Bingo		(c) Other gaming			
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	ven	ĺ			bingo/progressive bingo		coi. (a) tirroug	11 001. (-1)
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 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?	æ	1	Gross revenue						
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 PEnter 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?	_	<u> </u>	4,000 10101100						_
5 Other direct expenses Yes	ses	2	Cash prizes						
5 Other direct expenses Yes	Exper	3	Noncash prizes	· · · · · · · · · · · · · · · · ·					
Yes%	Direct	4	Rent/facility costs						
6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 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? 11 Does the organization operate gaming activities with nonmembers?		5	Other direct expenses						
7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes Note that 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?				Yes %	Yes %	Yes %			
8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No. 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? 11		6	Volunteer labor	No No	No No	<u></u> No			
Penter 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?		7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	(_)
9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11		8	Net gaming income summary Combine line 1	, column (d), and line 7		•			
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? 11	_	-					Y	es N	<u> </u>
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? 11					etatos?		02		
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? 11				divides in each of these t			34		_
b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11									
b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11									
11 Does the organization operate gaming activities with nonmembers?	10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	10a		
· · · · · · · · · · · · · · · · · · ·	b	lf "	Yes," explain:						
· · · · · · · · · · · · · · · · · · ·		_							
	11	Do	es the organization operate gaming activities w	vith nonmembers?					
			, ,		of a partnership or other	entity formed to			

JUNIOR LEAGUE OF GAINESVILLE-

Schedule G (Form 990 or 990-EZ) 2009 HALL COUNTY, INC. 58-	600378	9 Pa	ge 3
		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name & LEANING CILLELAND			
Name ► <u>LEANNE GILLELAND</u>	—		
Address ► P. O. BOX 1472 - GAINESVILLE, GA 30503-1472			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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	<u> </u>		
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	 	
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 > \$	j	1	

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
DEPRECIATION			4,80	12
BANK AND CREDIT CARD FEES			2,22	
INSURANCE			3,62	
OFFICE EXPENSES			7,87	
AJLI MEMBERSHIP DUES			16,82	
OTHER EXPENSES			12,5	
LUNCH WITH VICKI CLARK			3,02	
TOTAL TO FORM 990-EZ, LINE 16			50,94	45.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
INVENTORY		10,644.	8,42	18.
PREPAID EXPENSES		4,828.	1,34	
OTHER DEPRECIABLE ASSETS		17,469.	12,66	
MOMAT MO HODY 000 HZ 1 TYP 24		22.041		
TOTAL TO FORM 990-EZ, LINE 24		32,941.	22,42	<u></u>
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE		1,531.	2,4	79.
ACCRUED LIABILITIES		27,726.	21,19	
TOTAL TO FORM 990-EZ, LINE 26		29,257.	23,6	72.
FORM 990-EZ	OTHER REVENUE	<u></u>	STATEMENT	4
FORM 990-EZ DESCRIPTION	OTHER REVENUE		STATEMENT	4
DESCRIPTION	OTHER REVENUE		AMOUNT	
DESCRIPTION RELATED INTEREST INCOME	OTHER REVENUE	<u> </u>	AMOUNT 79	90.
DESCRIPTION RELATED INTEREST INCOME RELATED DIVIDEND INCOME	OTHER REVENUE		AMOUNT 79	90.
DESCRIPTION RELATED INTEREST INCOME RELATED DIVIDEND INCOME UNREALIZED GAIN OR LOSS	OTHER REVENUE		AMOUNT 79 77, 22 27, 66	90.
DESCRIPTION	OTHER REVENUE		AMOUNT 79	90.

FORM 990-EZ	CASH GRANTS	AND ALLOCAT	TIONS	STATEMENT	5
CLASS OF ACTIVI	TY/GRANTEE'S NAME AND	ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	ŗ
TOTAL SEE ATTAC	HED SCHEDULE		VAROIUS ORGANIZATIONS	41,34	12.
TOTAL INCLUDED	ON FORM 990-EZ, LINE	10		41,34	<u> </u>

FORM 990-EZ	INCOME AND COST OF GOODS SOI INCLUDED ON PART I, LINE 74	
INCOME		
1. GROSS RECEIPTS . 2. RETURNS AND ALLO 3. LINE 1 LESS LINE	DWANCES	2,890
	OLD (LINE 13)	2,849
7. MERCHANDISE PURC 8. COST OF LABOR 9. MATERIALS AND SU 10. OTHER COSTS 11. ADD LINES 6 THRO 12. INVENTORY AT ENI	JPPLIES	2,849

FORM 990-EZ COST OF GOODS SOLD - OTHER COSTS	STATEMENT 7
DESCRIPTION	AMOUNT
COOKBOOKS - COST OF BOOKS SOLD	2,849.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B	2,849.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	8
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES [X]	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES [X]	NO

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STATEMENT

9

VOLUNTER PLACEMENT - THE LEAGUE PLACES ALL OF THE CURRENT MEMBERS IN LOCAL NON PROFIT ORGANIZATIONS. THE MEMBERS ARE COMMITTED TO PERFORM IN KIND VOLUNTEER HOURS TO THESE ORGANIZATIONS TO ASSIST THESE ORGANIZATIONS WITH THIER RESPECTIVE MISSIONS

990-EZ PG 2

STATEMENT

10

THE JUNIOR LEAGUE OF GAINESVILLE - HALL COUNTY IS AN ORGANIZATION OF MORE THAN 600 WOMEN WHO, SINCE 1951, HAVE BEEN COMMITTED TO PROMOTING VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING OUR COMMUNITY THROUGH EFFECTIVE ACTION AND THE LEADERSHIP OF TRAINED VOLUNTEERS.

Board of Directors 2010-2011	
President	Bethany Sauls Magnus
President-Elect	Liza Chapman
Recording Secretary	Emily Gaddy
Corresponding Secretary	Heather Ramsey
Treasurer	LeAnne Gilleland
Placement Chair	Ashley Mixon
Communications Chair	Erin Price
Fund Development Chair	Janet Kaup
Membership Development Chair	Shelley Davis
CRPD Chair	Gerran Syfan
Leadership Development and Training	Katie Dubnik
Member Representative	Mary Meadows
Immediate Past President	Robyn Lynch
Sustainer Advisor	Julia Cromartie

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JUNIOR LEAGUE OF GAINESVILLE-HALL COUNTY, INC. STATEMENTS OF PROGRAM SERVICES EXPENSES - GRANTS TO LOCAL AGENCIES

(SEE ACCOUNTANTS' REPORT)

	For the Years Ended April 30,	
	2010	2009
	(Unaudited)	(Audited)
PROGRAM SERVICES		
Grants to Local Agencies		
Alliance for Literacy	\$ -	\$ 2,000
Board Approved Agency	•	356
CASA	4,000	2,500
Centerpoint Christian Education	4,300	1,000
Challenged Child	-	1,000
Children at Play	-	500
Community Service Center	1,250	1,000
Edmondson-Telford Center		
Family Relations Program	1,130	3,800 500
Friends of Recovery	-	2,000
First Steps	1,000	1,000
Gainesville Care Center	2,000	1,000
Gainesville College Summer Scholars	-	1,000
Gateway House	4,000	3,800
Good News Health Clinic	5,000	2,000
Guest House	-	2,000
Habitat for Humanity - Woman Build	1,500	1,500
Hall County Safe Kids	-	500
Hospice of NEGMC	-	700
Jaycees Gut Check Program	2,000	2,000
Kids in the Kitchen	1,662	-,
Living Recovery	4,000	-
Meal on Wheels	-	2,000
My Sister's Place	2,500	-,
NEGA Speech Center	1,000	3,800
Newtown Florist Club	-	500
Prevent Child Abuse	-	1,000
Rape Response	-	800
Sonrise Camp, Inc.	-	1,000
Teen Pregnancy Alliance	2,000	2,000
TOTAL EXPENSES - GRANTS TO LOCAL AGENCIES	\$ 41,342	\$ 41,256