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**Activities & Governance** 

SCANNED WAY I

#### EXTENDED TO APRIL 18, 2011

## 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)

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. JUN 1. 2009 and ending MAY 31, A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Address change tabel or JUNIOR LEAGUE OF RENO, INC. print of Name change 23-7025150 type Doing Business As Initial See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated 775-826-0445 606 WEST PLUMB LANE Amended return 654,568. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-RENO, NV 89509 H(a) is this a group return pending F Name and address of principal officer: DEBORAH JOHNSON for affiliates? Yes X No 606 W. PLUMB LANE, RENO, H(b) Are all affiliates included? \_\_\_\_ Yes \_\_\_\_ No Tax-exempt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.JLRENO.ORG H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 1969 M State of legal domicile NV Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE JUNIOR LEAGUE OF RENO, IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 <del>27</del> 5 Total number of employees (Part V, line 2a) 288 6 Total number of volunteers (estimate if necessary) 56,616. 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <16,988.> 7h Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 78,063. 23,861. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 6,730. 8,583. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 255,441. 65,755. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 150,548. 287,885. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,823. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 6,362. 5,725. Salaries, other compensation, employee benefits (Part-IX, cotumn (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A) Lline 14-e) b Total fundraising expenses (Part IX, column-(D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 31f-24h Q 18 Total expenses. Add lines 13-17 (Tuest equal Part IX, column (A), line 25) 333,975. 139,206. 144,931. 351,160. <63,275.> 5,617. Revenue less expenses. Subtract line 18 from line 12 OGDEN, UT **Beginning of Current Year** End of Year 954,700. 972,169. 20 Total assets (Part X, line 16) 55,688. 67,540. 21 Total liabilities (Part X, line 26) 899,012. 904,629. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block

	and complete Dec	claration of preparer (other than officer)	is based on all information of wh	ich preparer has any knowledge		,
Sign	Du	Lock Ythose	J. Persole	st	4	15/11
Here	Signature	of officer		<del></del>	Date	•
	DEBO	RAH JOHNSON, PR	RESIDENT			
	Type or p	rint name and title				
Paid	Preparer's signature	Con Clust	<u>~</u>	Date Chec self-	. —	Preparer's identifying number (see instructions)
Preparer's	Firm's name (or yours if	KOHN COLODNY	LLP		EIN ▶	
Use Only	self-employed), address, and ZIP + 4	5310 KIETZKE RENO, NEVADA	•	101	Phone no	►775-828-7300
May the if	29 discuss this	return with the preparer sho	wn above? (see Instructi	one)		X Yes No

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,

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

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	90 (2009) JUNIOR LEAGUE OF RENO, INC. 23-7025150 Page 2	2
Pa	III Statement of Program Service Accomplishments	_
1	Briefly describe the organization's mission:	
	THE JUNIOR LEAGUE OF RENO, INC. IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND	-
	O PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF	_
	TRAINED VOLUNTEERS.	-
2	Did the organization undertake any significant program services during the year which were not listed on	_
	he prior Form 990 or 990-EZ?	
	f "Yes," describe these new services on Schedule O.	
3	Old the organization cease conducting, or make significant changes in how it conducts, any program services?	
	f "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and fullocations to others, the total expenses, and revenue, if any, for each program service reported.	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	Code: ) (Expenses \$ 57,315. including grants of \$ 0.) (Revenue \$ 0.	)
	THE LEAGUE SPONSORS VARIOUS LOCAL COMMUNITY CHARITABLE AND EDUCATIONAL	_
	EVENTS AND ITS MEMBERS VOLUNTEER THROUGHOUT THE COMMUNITY	_
		_
		_
		_
		-
		-
		_
		_
		_
	55 000	_
<b>4</b> b	Code: ) (Expenses \$ 55,009. including grants of \$ 0.) (Revenue \$ <44,172.) THE LEAGUE MANAGES A MALL AND RESTAURANT IN ORDER TO PROVIDE ITS	1
	MEMBERS WITH A WORKING MODEL TO DEVELOP LEADERSHIP AND MANAGEMENT	-
	SKILLS	_
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		-
		-
		_
4¢	Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$	)
		_
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		-
		_
		_
		_
		_
4d	Other program services. (Describe in Schedule O.)	
4e	Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > \$ 112,324.	-
	Form 990 (2009	<u>_</u>

1 (2)	City Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	۱		x
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	<del> </del>	X
20	Did the organization operate one or more hospitals? If "Ves " complete Schedule H	20	I	ı A

	Office in the duffer of the duffer (confinued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			1,
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Х
040	Schedule J	23		Λ.
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	242		Х
<b>.</b>	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
Ь		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ĺ	l .
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33_	-	
34	Was the organization related to any tax-exempt or taxable entity?	34		Х
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
33	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
36	If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33	<del>                                     </del>	
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<u> </u>	<u> </u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<del></del>		·
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			990 (	2009

Form 990 (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a		8		
b	Enter the number of voting members that are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6	_X_	
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		v
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	-11	
Ü	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
	Total Del Periodo (Titto doctron a regional or manager asset paraces not required by the internal revisites decay)	-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11_	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			-
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	v
	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
_	taxable entity during the year?	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's  exempt status with respect to such arrangements?	16b	•	
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
-	public inspection. Indicate how you make these available. Check all that apply.	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	·	
	HARLENE SHEPPARD - 775-826-0445			
	606 WEST PLUMB LANE, RENO, NV 89509			
		F	000	,0000

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours per week per we	X Check this box if the organization did not (A) Name and Title	(B) Average			(C Posi	<b>&gt;</b> )			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Week   Bar	Name and The	_	(cl					ly)			
PRESIDENT         5.00         X         0.0         0.0         0           DEBORAH JOHNSON         PRESIDENT-ELECT         5.00         X         0.0         0.0         0           LESLIE NADY         VICE PRESIDENT         5.00         X         0.0         0.0         0           MARISA BUCKLEY         3.00         X         0.0         0.0         0           SHANDA STANTON         3.00         X         0.0         0.0         0           ANNIKA MARTIN         3.00         X         0.0         0.0         0           ANDREA HEINEN         3.00         X         0.0         0.0         0           SHELLY YOUNG         0.0         0.0         0.0         0 <th></th> <th>1 '</th> <th><b>—</b></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>the</th> <th>organizations</th> <th>compensation from the organization and related</th>		1 '	<b>—</b>						the	organizations	compensation from the organization and related
DEBORAH JOHNSON         5.00         X         0.         0.         0           PRESIDENT-ELECT         5.00         X         0.         0.         0           VICE PRESIDENT         5.00         X         0.         0.         0           MARISA BUCKLEY         3.00         X         0.         0.         0           SECRETARY         3.00         X         0.         0.         0           SHANDA STANTON         3.00         X         0.         0.         0           ANNIKA MARTIN         3.00         X         0.         0.         0           ANDREA HEINEN         3.00         X         0.         0.         0           SHELLY YOUNG         0.         0.         0.         0.         0	JANE PATTERSON	5 00			v					0	0
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LESLIE NADY		5.00			X				0.	0.	0.
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Fai	Section A. Officers, Directors, True	ustees, Key Ei	mple	oyee	s, a	<u>nd l</u>	<u>High</u>	est	Compensated Employ	ees (continued)					
	(A)	(B)			(0	C)			(D)	(E)			(F)		
	Name and title	Average	ŀ		Pos				Reportable	Reportable	:	Es	stimate	∍d	
		hours	(c	heck	all	that	арр	ly)	compensation compensati						
		per	횽						from the	from related organization	l	000	other pensa		
		week	individual trustee or director	۵			D E		organization	(W-2/1099-MIS			om th		
			ag .	1	}		Bens	l	(W-2/1099-MISC)	(11 2 1000 11	,		anızat		
			ם	institutional trustae	[	Key emptoyee	Highest compensated employee		,			an	d relat	.ed	
			P P	State	Officer	ey er	nolon olon	Former				orga	anızatı	ons	
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16	Total		L	l	<u> </u>	L			0.		0.			0.	
2	Total number of individuals (including but r	ot limited to th	1086	liste	-d a	hov	e) wi	no re	<u> </u>	0.000 in reportab					
_	compensation from the organization	iot iii iiitoo to ti	1000		, u		o,			,,ooo iii lopoitus				0	
													Yes	No	
3	Did the organization list any former officer	director or tru	stee	, ke	y en	olqı	yee,	or h	nighest compensated er	mployee on					
	line 1a? If "Yes," complete Schedule J for s	such individual										3	ļ	X	
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization					
	and related organizations greater than \$15			•								4		X	
5	Did any person listed on line 1a receive or				rom	any	y uni	elat	ed organization for serv	ices rendered to		_		v	
	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	on								5	[	Х	
1	Complete this table for your five highest co						roote	+	that recovered more than	\$100,000 of con		ation :	from		
'	the organization. NONE	mpensateo in	uepi	ende	ent C	Ont	racio	ואנ	mat received more man	\$100,000 01 001	ipens	allOff	IIOIII		
	(A)							Ï	(B)			((	C)		
	Name and business	address							Description of s	services	С		nsatio	'n	
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								_							
											ı				
		<del> </del>						$\dashv$							
										ŀ	ı				
								$\dashv$							
											ı				
2	Total number of independent contractors (	ınçludına but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than					
	\$100,000 is componentian from the organi	_					n		-						

150,548.

<44,172.>

56,616.

60,041.

Form 990 (2009)

e Total. Add lines 11a-11d

Total revenue. See instructions.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				(D).
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	_ <del></del>		***************************************	()
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u></u>
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F 160	1 072	2 206	<del></del>
7	Other salaries and wages	5,168.	1,872.	3,296.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	557	202.	355.	
10	Payroll taxes	557.	202.	333.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	15 212	9,358.	5,855.	
С	Accounting	15,213.	9,330.	3,033.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	1 676	1,676.		
12	Advertising and promotion	1,676.	1,070.		
13	Office expenses				
14	Information technology				
15	Royalties	67,602.	44,697.	22,905.	<del></del>
16	Occupancy	07,002.	44,037.	22,303.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<del>_</del>			
19	Conferences, conventions, and meetings				<del></del>
20	Interest	11,585.	11,585.		
21	Payments to affiliates	6,177.	6,060.	117.	
22	Depreciation, depletion, and amortization	0,1//.	0,000.	11/•	
23	Insurance	***************************************			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	COMMUNITY PROGRAMS	26,140.	26,140.		
ь	MEMBERSHIP DEVELOPMENT	9,654.	9,575.	79.	
С	MISCELLANEOUS	1,159.	1,159.		
d					
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	144,931.	112,324.	32,607.	0.
26	Jaint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
00004	0.02-04-10		-		Form <b>990</b> (2009)

932010 02-04-10

Pa	rt X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			218,837.	1	241,249.
	2	Savings and temporary cash investments			64,175.	2	69,147.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,050.	4	5,250.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
	ŀ	4958(f)(1)) and persons described in section 49					
		Part II of Schedule L		` ,		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,870.	8	7,870.
As	9	Prepaid expenses and deferred charges			<u> </u>	9	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	1,239,114.			
	١,	Less: accumulated depreciation	10b	1,239,114.	567,035.	10c	548,719.
	11	Investments - publicly traded securities	100	000,000		11	
	12	Investments - other securities. See Part IV, line	11		······································	12	
	13	Investments - other securities. See Part IV, line				13	
	14	Intangible assets	• •			14	
	15	Other assets. See Part IV, line 11			93,733.	15	99,934.
	16	Total assets. Add lines 1 through 15 (must equ	موبا امر	3.4\	954,700.	16	99,934. 972,169.
	17	Accounts payable and accrued expenses	94)	34,871.	17	40,095.	
	18	Grants payable		18			
	19	Deferred revenue			20,817.	19	27,445.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Dart IV	of Schedule D		21	
Liabilities	1	Payables to current and former officers, directo				ļ .= ·	
Ē	22	highest compensated employees, and disqualif					
E.		of Schedule L	ied þei	sons. Complete rart ii		22	]
	23	Secured mortgages and notes payable to unrel	atad th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D		parties		25	
	26	Total liabilities. Add lines 17 through 25			55,688.	26	67,540.
	20	Organizations that follow SFAS 117, check h	oro	X and complete			
<b>,</b> 0			CIC P	21 and complete			
ö	0.7	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			899,012.	27	858,912.
lan	27				03370220	28	45,717.
B	28	Temporarily restricted net assets				29	
ב	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, or	book l	nere  and	······································	1	
Ē	ŀ	<del>-</del>	meck i	iere 🕨 📖 and			
Net Assets or Fund Balances	20	complete lines 30 through 34.				30	1
set	30	Capital stock or trust principal, or current funds		ant friend		31	
As	31	Paid-in or capital surplus, or land, building, or e			<u> </u>	32	
Š	32	Retained earnings, endowment, accumulated in	icome,	or other funds	899,012.		904,629.
_	33	Total net assets or fund balances			954,700.		972,169.
	34_	Total liabilities and net assets/fund balances			734,100.	<u> </u>	1 712,107

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

OMB No 1545-0047

2009

Open to Public Inspection

Van	ne of t	he organizati		יים שוויים אים די	INIO TI	NTC			E		-7025		nber
D٠	rt I	Resear		LEAGUE OF RE ty Status (All organiz			a this part	) See Inst	ructions		-1023	100	
		-							idelions.	<del> ·</del>		-	
ne 1	Jigan		-	pecause it is: (For lines 1 s, or association of chur					_				
2	Ħ	·		o(b)(1)(A)(ii). (Attach Sc		III 36	17 <b>0</b> 1	~,, •,,(~,,()	•				
3	H			tal service organization		n section	170(Ы)(1)(	A)(iii).					
4	一	•	•	operated in conjunction					(b)(1)(A)(iii	). Enter th	e hospital	's nam	e.
•		city, and state							/, -/, -/, -/,	•			
5		•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	d In		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governme	ent or governmental uni	t described	l in sectio	n 170(b)(1	)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	rıbed ı	1
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8	Щ			ection 170(b)(1)(A)(vi).									
9				eives: (1) more than 33 <sup>-</sup>									
				nctions - subject to certa									
				axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	nization at	fter June 3	30, 197	5.
			<b>509(a)(2).</b> (Complete	-				-00/ \/					
10				perated exclusively to te						4 4 1			
11	لـــا			perated exclusively for the									JI
				ations described in secti				). See <b>Se</b> C	euc nous	ajtoj. Onet	CK IIIE DOX	liiai	
				organization and compl	_	e III - Func		earsted		d 🗔	Type III - 0	Other	
				t the organization is not					more disc				n
е	,			han one or more publicly									
f				ten determination from						. (-,(-,		.,,,	
•			rganization, check th					., - , 1					
g				organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
_	•			rectly controls, either al								Yes	No
				upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	∍?					11g(iii)		
h	1	Provide the f	ollowing information	about the supported or	ganization(	(s).							
				7005	<del></del>				T ( 1) I-	<u> </u>			
(1)	) Name	of supported	(II) EIN	(iii) Type of organization	(iv) is the o	rganization			Lorganizatio	on in colli		nount o	f
	orga	anization		(described on lines 1-9	governing		(i) of your	r support?	(i) organiz U S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(acc manustrona))	163	140	103	110					
								<u> </u>	<u> </u>				
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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

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.)

Sec	tion A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	43,226.	51,928.	53,232.	51,528.	78,063.	277,977.			
2	Tax revenues levied for the organ-									
	ization'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 through 3	43,226.	51,928.	53,232.	51,528.	78,063.	277,977.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4						277,977.			
	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	43,226.	51,928.	53,232.	51,528.	78,063.	277,977.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	4,297.	10,173.	10,661.	8,583.	6,730.	40,444.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)	1,807.	1,197.	19,396.	1,165.	10,303.	33,868.			
11	Total support. Add lines 7 through 10			2			33,868. 352,289.			
12		etc. (see instruction	ons)			12	822,792.			
13	First five years. If the Form 990 is for	,		d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
	organization, check this box and stop	=					▶□			
Se	ction C. Computation of Publ		rcentage							
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	78.91 <u>%</u>			
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	75.66 <u>%</u>			
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X			
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	us box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	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 "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt IV how the orga	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization					
t	10% -facts-and-circumstances tes	<b>t - 2008.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, 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-circ									
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ns 🕨 📗			

					<u> </u>				
b	Unrelated business taxable income						ļ		
	(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 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)								
14	First five years. If the Form 990 is for	r the organization'	s first, second, the	d, fourth, or fifth ta	ax year as a sectio	n 501	1(c)(3) organiza	ition,	
	check this box and stop here	J			•		.,.,		ightharpoons
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2009 (			column (fl)		15			%
_	Public support percentage from 2008	•	•	, o. o		16			
	tion D. Computation of Inves						l		
17	Investment income percentage for 20					17			<del></del> %
18	Investment income percentage from	• • • • • • • • • • • • • • • • • • • •	``	10 10 00 00 01 111 (1)/		18			<u>%</u>
	33 1/3% support tests - 2009. If the			on line 14 and line	15 ie more than 3		1% and line 1	7 is not	
150							770, and into 17	13 1100	
	more than 33 1/3%, check this box a	="	•	•			22 1/20/ -		
D	33 1/3% support tests - 2008. If the							na	
	line 18 is not more than 33 1/3%, che								
<u>20</u>	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	<u>a, or 19b, check th</u>					
					Sch	edul	e A (Form 990	or 990-E	EZ) 2009
93202	3 02-08-10								
				17					

Schedule A (F	orm 990	or 990-EZ	2009	JUNIO	R LE	AGUE OF RE	NO, IN	<u>c.                                     </u>		<u>23-7025150</u>	Page 4
Part IV	Supple	emental	Inform	ation. C	omplete	this part to provide	the explana	itions require	d by Part II, line 1	0; Part II, line 17a oi	r 17b;
	and Part	III, line 12	Provide	any other	addition	nal information. See	instructions		<u></u>		
~~											
SCHEDUL	EA,	PART	II,	_LINE	10,	EXPLANATI	ON FOR	OTHER	INCOME:		
MISCELL	ANEC	us									
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## Schedule D

(Form, 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 23-7025150 JUNIOR LEAGUE OF RENO, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ß Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 JUNIOR ]	LEAGUE OF F	RENO,	INC.			23-7	025150	Page 2
Par	t III Organizations Maintaining C				easures, o	r Other	Similar Ass	sets (continu	ued)
3	Using the organization's acquisition, accession								
	(check all that apply):								
а	Public exhibition	d	L	oan or excl	nange progra	ms			
b	Scholarly research	е	□ o	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how the	y further th	ne organizatio	n's exemp	t purpose in P	art XIV.	
5	During the year, did the organization solicit or	r receive donations o	of art, hist	torical treas	sures, or othe	r sımılar as	sets		
	to be sold to raise funds rather than to be ma							Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par	- :	te if orga	inization ar	swered "Yes	to Form 9	990, Part IV, lir	ne 9, or	
1a	is the organization an agent, trustee, custodi-	an or other intermed	ary for c	ontribution	s or other ass	sets not inc	cluded		
	on Form 990, Part X?						l	Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing ta	ıble <sup>.</sup>					
								Amount	
C	Beginning balance						1c		<u>-</u>
đ	Additions during the year						1d		
e	Distributions during the year		•	<b>,</b>			1e		
f	Ending balance								
	Did the organization include an amount on Fo		21?				l	Yes	∟_ No
	If "Yes," explain the arrangement in Part XIV.					<del></del>			
Par	t V Endowment Funds. Complete it				ľ				<del></del>
		(a) Current year		or year	(c) Two year	s back   (d)	Three years ba	ck (e) Four y	ears back_
1a	Beginning of year balance	92,654.		317.	· · · · · · · · · · · · · · · · · · ·	<del></del>		·····	
b	Contributions	310.		,046.					
C	Net investment earnings, gains, and losses	935.		,291 <u>.</u>	<del>, ,, </del>		<del>и</del>	<del> </del>	************
d	Grants or scholarships				<u> </u>				
е	Other expenditures for facilities								
	and programs				ļ				
f	Administrative expenses	40.		<u> </u>					
g	End of year balance	93,859.	92	654.	<u> </u>				
2	Provide the estimated percentage of the year								
	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
C		%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	ind administe	red for the	organization	r,	Yes No
	by:								Yes No X
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		<b>.</b>	. 50				3a(ii)	<del></del>
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the				Dort V. Iron	10	<del></del>		
Pai	t VI Investments - Land, Building				or other		umulated	(d) Book	value
	Description of investment	(a) Cost or o		• •	(other)		eciation	(u) BOOK	Value
	I d	Dasis (IIIVestii	nenty		7,024.			317	,024.
	Land				8,609.	60	8,430.		,179.
b	Buildings				.5,000.		, 1		,
c	Leasehold improvements			Ω	3,481.	\$	31,965.	1	,516.
d	Equipment	-			0, 101.		, , , , , ,		,
	Other	aud Form 000 De-t	Y colum	n (B) Inc. 1	10(c) )		<b>—</b>	548	719.
iotal	. Add lines 1a through 1e (Column (d) must e	quai ruiii 990, Part	A, COIUITI	( <i>D),</i> IIII <del>O</del> 1	0(0).)	<del></del>	Sched	ule D (Form	

932053 02-01-10

Sche	dule D (Form 990) 2009 JUNIOR LEAGUE OF RENO, INC	•		23 - 70	<u> 2515</u> 0	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Finar</b>	ncial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		150,	548.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			931.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			617.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		10		5,	617.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	642,	983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d 50	04,020.			
е	Add lines 2a through 2d			2e	504,	963.
3	Subtract line 2e from line 1			3	13 <u>8</u> ,	<u>,963.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b 1	1,585.			
c	Add lines 4a and 4b			4c	11,	585. 548.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	150,	<u>548.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per	Return		
1	Total expenses and losses per audited financial statements			1	637,	366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d 50	04,020.			
е	Add lines 2a through 2d			2e	504,	020. 346.
3	Subtract line 2e from line 1			3	133,	<u>,346.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b 1	11,585.			
С	Add lines 4a and 4b			4c		<u>,585.</u>
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	144,	931.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a and 4; P	art IV, lines 1	b and 2b; I	Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this part to pro	ovide any ado	ditional info	ormation.	
PAI	RT V, LINE 4: THE ENDOWMENT FUND IS TO BE	USED FOR T	THE BEN	EFIT ·	OF	
THE	LEAGUE'S COMMUNITY PROGRAMS.					
		<u>_</u>				
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
<u>CO</u> 8	ST OF GOODS SOLD FOR UNRELATED BUSINESS IN	COME: 3201	155.			
SDI	CCIAL EVENT EXPENSES: 69461.					
OFI	TAL EVENT EVENOUS: 03401.	<del> </del>				
REI	ITAL EXPENSES: 114404.					

932054 02-01-10

Schedule D (Form 990) 2009 JUNIOR LEAGUE OF RENO, INC.	23-7025150 Page <b>5</b>
Part XIV Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DUES REMITTED TO AFFILIATE: 11585.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES: 114404.	
COST OF GOODS SOLD: 320155.	
SPECIAL EVENT EXPENSES: 69461.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
DUES REMITTED TO AFFILIATE: 11585.	

#### 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

Inspection

Employer identification number Name of the organization 23-7025150 JUNIOR LEAGUE OF RENO, INC. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name of Individual (iv) Gross receipts fundralser have custody or control of to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions' Yes Total 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.

932081 02-03-10

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

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 (b) Event #2 (c) Other events (d) Total events POINSETTIA NONE WINES AROUND (add col. (a) through THE WORLD LUNCHEON col. (c)) (total number) (event type) (event type) Revenue 112,469. 81,582. 30,887. 1 Gross receipts Less: Charitable contributions 112,469. 30,887. 81,582. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 69,461. 57,858. 11,603. Rent/facility costs Food and beverages Entertainment Other direct expenses 69,461 10 Direct expense summary. Add lines 4 through 9 in column (d) 43,008. Net income summary. Combine line 3, column (d), and line 10 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 3 Rent/facility costs Other direct expenses % Yes % Yes Yes Volunteer labor No 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 No Yes 9 Enter the state(s) in which the organization operates gaming activities: 9a a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a 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? 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?

The organization's facility  a The organization's facility  b An outside facility  13a	Schedule G (Form 990 or 990-EZ) 2009 JUNIOR LEAGUE OF RENO, INC. 2	3-702	515	0 <sub>Ра</sub>	age 3
a The organization's facility b An outside facility 13a 96 13b 96 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 contract with a third party from whom the organization receives gaming revenue?  15a Dif "Yes," enter the amount of gaming revenue received by the organization P\$ and the amount of gaming revenue retained by the third party:  Name Address  16 Gaming manager information:  Name Gaming manager compensation  \$				Yes	
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	13 Indicate the percentage of gaming activity operated in:				
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 contract 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:  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	a The organization's facility	%			
Name ►	b An outside facility	%			
Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a bif 'Yes,' enter the amount of gaming revenue received by the organization  \$\frac{1}{2}\$ gaming revenue retained by the third party \$\frac{1}{2}\$ and the amount of gaming revenue retained by the third party:    Name   Address   Address	14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>;</b> :			
Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a bif 'Yes,' enter the amount of gaming revenue received by the organization  \$\frac{1}{2}\$ gaming revenue retained by the third party \$\frac{1}{2}\$ and the amount of gaming revenue retained by the third party:    Name   Address   Address					
15a Does the organization have a contract 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 ▶	Name				
15a Does the organization have a contract 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 ▶					
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    Gaming manager information:  Name    Gaming manager compensation    \$	Address				
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    Gaming manager information:  Name    Gaming manager compensation    \$		}			
of gaming revenue retained by the third party    c If "Yes," enter name and address of the third party:  Name    Address    Address    Gaming manager information:  Name    Gaming manager compensation    \$	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	15a		
of gaming revenue retained by the third party    c If "Yes," enter name and address of the third party:  Name    Address    Address    Gaming manager information:  Name    Gaming manager compensation    \$	and the second s	.			
c If 'Yes,' enter name and address of the third party:  Name  Address  Address   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		it			
Name ►  Address ►  16 Gaming manager information:  Name ►  Gaming manager compensation ► \$					
Address    16 Gaming manager information:  Name    Gaming manager compensation    \$	c If "Yes," enter name and address of the third party:				
Address    16 Gaming manager information:  Name    Gaming manager compensation    \$	No				
Agaming 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	Name >	<del></del> [			
Agaming 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	Address	ļ			
Name ►	Addiess P				
Name ►	16 Gaming manager information:				
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	To Carring Harlager Information.				
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	Name ►				
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					
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	Gaming manager compensation ▶ \$				
Director/officer					
Director/officer	Description of services provided				
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					
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					
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					
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	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?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the					
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	·				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	·				
			17a		<del> </del>
	· ·	the			

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Internal Revenue Service	► Attach to Form 990.		Inspection
Name of the organization	JUNIOR LEAGUE OF RENO, INC.		r identification number
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	sion:	
DEVELOPING THE	POTENTIAL OF WOMEN AND IMPROVING COMMUNITI	ES THE	OUGH THE
EFFECTIVE ACTI	ON AND LEADERSHIP OF TRAINED VOLUNTEERS.		
FORM 990, PART	VI, SECTION A, LINE 6: THE JUNIOR LEAGUE O	F RENC	, INC. IS
A MEMBERSHIP O	RGANIZATION COMPRISED OF WOMEN THAT VOLUNTE	ER THE	EIR TIME AND
SERVICE TO THE	ORGANIZATION'S PROGRAMS.		
FORM 990, PART	VI, SECTION B, LINE 11: AN ELECTRONIC COPY	OF TH	IE FORM 990
IS PROVIDED TO	THE BOARD OF DIRECTORS FOR THEIR REVIEW AN	D APRE	ROVAL.
FORM 990, PART	VI, SECTION B, LINE 12C: POLICIES ARE PROV	'IDED T	TO THE
OFFICERS, DIRE	CTORS AND KEY EMPLOYEES WHO ARE REQUIRED TO	DISCI	OSE
POTENTIAL CONF	LICTS OF INTEREST AND REFRAIN FROM VOTING O	N MAT	TERS IN WHICH
A CONFLICT MAY	EXIST.		
			<del></del>
FORM 990, PART	VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S, POI	LICIES AND
FINANCIAL STAT	EMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.	
		. <del></del>	<del></del>
THE EXECUTIVE	COMMITTEE CONTINUES TO OVERSEE THE AUDIT AN	ID SELI	ECT THE
AUDITORS. THI	S HAS NOT CHANGED FROM THE PRIOR YEAR.	<u> </u>	