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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE JUNIOR LEAGUE OF DETROIT INC		D Employer identification number 38-1507301
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 32 LAKESHORE ROAD		E Telephone number (313) 881-0040
Name change				F Group Exemption Number
Initial return		City or town, state or country, and ZIP + 4 GROSSE POINTE FARMS, MI 48236		
Terminated				
Amended return				
Application pending				

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts</b> <b>must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____
<b>I Website:</b> www.jldetroit.org		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 428,370

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )										
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .						1	25,081	
	2	Program service revenue including government fees and contracts . . . . .						2		
	3	Membership dues and assessments . . . . .						3	53,066	
	4	Investment income . . . . .						4	18,324	
	5a	Gross amount from sale of assets other than inventory . . . . .				5a		5c		
	b	Less cost or other basis and sales expenses . . . . .				5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .						5c			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							6c	171,006
	a	Gross revenue (not including \$ 23,794 of contributions reported on line 1) . . . . .				6a	331,899			
	b	Less direct expenses other than fundraising expenses . . . . .				6b	160,893			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .						6c			
	7a	Gross sales of inventory, less returns and allowances . . . . .				7a		7c		
b	Less cost of goods sold . . . . .				7b					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						7c				
8	Other revenue (describe  _____)						8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .						9	267,477		
Expenses	10	Grants and similar amounts paid (attach schedule)						10	54,554	
	11	Benefits paid to or for members . . . . .						11		
	12	Salaries, other compensation, and employee benefits . . . . .						12	14,679	
	13	Professional fees and other payments to independent contractors . . . . .						13	9,981	
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	20,063	
	15	Printing, publications, postage, and shipping . . . . .						15	8,671	
	16	Other expenses (describe   _____)						16	55,806	
	17	Total expenses. Add lines 10 through 16 . . . . .						17	163,754	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	103,723	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .						19	698,429	
	20	Other changes in net assets or fund balances (attach explanation)						20	3,488	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .						21	805,640	

<b>Part II Balance Sheets</b> —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
<b>22</b> Cash, savings, and investments . . . . .	772,523	<b>22</b> 869,067
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe  )	3,406	<b>24</b> 4,882
<b>25 Total assets</b> . . . . .	775,929	<b>25</b> 873,949
<b>26 Total liabilities</b> (describe  )	77,500	<b>26</b> 68,309
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	698,429	<b>27</b> 805,640

Part III Statement of Program Service Accomplishments (See the instructions for Part III )		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE JUNIOR LEAGUE OF DETROIT IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS ITS PURPOSE IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 PROJECT LITERACY WORKS WITH SCHOOLS LOCATED WITHIN THE 48215 ZIP CODE OF DETROIT DESIGNING AND IMPLEMENTING LITERACY-BASED PROGRAMS FOR KIDS AGES PRE-K THROUGH 5TH GRADE. PROGRAMS INCLUDE READING EVENTS, KIDS' BOOK CLUBS AND SIGNATURE PROJECTS OF THE JUNIOR LEAGUE SUCH AS "KIDS IN THE KITCHEN." OUR VOLUNTEERS HAVE DEVELOPED A RESOURCE CENTER AT CARSTENS ELEMENTARY FOR THE KIDS AND THEIR PARENTS AND CAREGIVERS. THE COMMUNITY COUNCIL HAS REACHED OVER 1,000 CHILDREN THROUGH THESE EFFORTS. (Grants \$ 28,630) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	28,630
29 VARIOUS CASH GRANTS AWARDED-SEE STATEMENT 3 (Grants \$ 25,924) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	25,924
30 OTHER PROGRAM EXPENSES INCLUDING RESEARCH & DEVELOPMENT, TRAINING & EDUCATION, PUBLIC RELATIONS, AND PROGRAM MANAGEMENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	55,373
31 Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	109,927

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .			35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .		38b		
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .		39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .			40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .			40e	No
41	List the states with which a copy of this return is filed ▶ MI				
42a	The organization's books are in care of ▶ REBECCA STASEVICH Telephone no ▶ (313) 881-0040				
	32 LAKESHORE ROAD Located at ▶ GROSSE PTE FARMS, MI ZIP + 4 ▶ 48236				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			42b	No
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	If "Yes," enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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

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

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-11-05 Date	
	REBECCA STASEVICH, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Charles M Clute, CPA	Date	2010-11-03
	Check if self-employed <input type="checkbox"/>			Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Godfrey Hammel Danneels & Co PC 21420 Greater Mack Avenue St Clair Shores, MI 480802353		EIN Phone no (586) 772-8100
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

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

Name of the organization THE JUNIOR LEAGUE OF DETROIT INC	Employer identification number 38-1507301
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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)						
6 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 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 stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the 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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	66,879	54,090	68,652	62,081	78,147	329,849
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	337,029	22,080	335,590	27,278	355,693	1,077,670
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	403,908	76,170	404,242	89,359	433,840	1,407,519
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6.)						1,407,519

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	403,908	76,170	404,242	89,359	433,840	1,407,519
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,333	25,533	28,909	25,878	18,374	117,027
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	18,333	25,533	28,909	25,878	18,374	117,027
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,453	15,277	29,285			55,015
13Total support (Add lines 9, 10c, 11 and 12.)	432,694	116,980	462,436	115,237	452,214	1,579,561
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	89.110 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	86.450 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	7.410 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.600 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



Part IV

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

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

2009

Open to Public Inspection

Name of the organization  
THE JUNIOR LEAGUE OF DETROIT INC

Employer identification number  
38-1507301

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

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			DESIGNERS' SHOWHOUSE	OTHER FUNDRAISING INCOME	(total number)	(Add col (a) through col (c))
			(event type)	(event type)		
1	Gross receipts	. . . . .	333,055	11,739		344,794
	2	Less Charitable contributions . . . . .	12,895			12,895
	3	Gross income (line 1 minus line 2) . . . . .	320,160	11,739		331,899
Direct Expenses	4	Cash prizes . . . . .				
	5	Non-cash prizes . . . . .	8,395			8,395
	6	Rent/facility costs . . . . .	13,072			13,072
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	137,252	2,175		139,427
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				160,894
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶				171,005

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.

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

		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? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . . <b>13a</b>		
<b>b</b> An outside facility . . . . . <b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** THE JUNIOR LEAGUE OF DETROIT INC**EIN:** 38-1507301

<b>Item No.</b>	1
<b>Class of Activity</b>	GIANT STEP TEEN CONFERENCE
<b>Donee's Name</b>	MERRILL PALMER INST FOR CHILD & FAMILY DEV
<b>Donee's Address</b>	71 E FERRY STREET DETROIT, MI 48202
<b>Amount (FMV)</b>	3,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	WORKSHOP MATERIALS
Donee's Name	ARTS & SCRAPS
Donee's Address	16135 HARPER DETROIT, MI 48224
Amount (FMV)	3,329
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	COMMUNITY PROGRAM MATERIALS
Donee's Name	BOYS HOPE GIRLS HOPE
Donee's Address	PO BOX 21085 DETROIT, MI 48221
Amount (FMV)	2,185
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	MENTORING PROGRAM
Donee's Name	BIG BROTHERS BIG SISTERS
Donee's Address	7700 SECOND AVE STE 602 DETROIT, MI 48202
Amount (FMV)	1,600
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	5
Class of Activity	TRAINING FOR PROGRAMS
Donee's Name	BUILDING LEADERS FOR VILLAGE DEV
Donee's Address	231 E GRAND BOULEVARD DETROIT, MI 48207
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	PURCHASE OF BLANKETS
Donee's Name	BLANKETED WITH LOVE
Donee's Address	20 ORCHARD LANVE GROSSE POINTE FARMS, MI 48236
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	PURCHASE OF PROGRAM MATERIALS
Donee's Name	LUTHERAN SPEC EDUCATION MINISTRIES
Donee's Address	6861 E NEVADA STE 2 DETROIT, MI 48234
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	COLLEGE CAMPUS TOUR PROGRAM
Donee's Name	CHRIST CHILD HOUSE
Donee's Address	15751 JOY ROAD DETROIT, MI 48228
Amount (FMV)	2,960
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	PURCHASE OF UNIFORMS
Donee's Name	SAVE OUR CHILDREN INC
Donee's Address	8710 WEST OUTER DRIVE DETROIT, MI 48219
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	FUNDING OF PERFORMANCES
Donee's Name	MAGIC CARPET THEATER
Donee's Address	PO BOX 902 DETROIT, MI 48127
Amount (FMV)	1,850
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	PURCHASE OF LITERACY & MATH SOFTWARE
Donee's Name	DUNAMIS OUTREACH MINISTRIES
Donee's Address	13220 GREENFIELD DETROIT, MI 48227
Amount (FMV)	1,750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	FUND SUMMER PROGRAM
Donee's Name	LITTLE SCHOLARS OF DETROIT INC
Donee's Address	19000 GRAND RIVER DETROIT, MI 48223
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	13
Class of Activity	LITERACY PROGRAM
Donee's Name	SIGNATURE PROJECT CALLED PROJECT LITERACY
Donee's Address	VARIOUS ELEMENTARY SCHOOLS DETROIT, MI 48215
Amount (FMV)	28,630
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	MEMBERSHIP REGISTRATIONS
Donee's Name	YOUTH DEVELOPMENT COMMISSION
Donee's Address	1274 LIBRARY ST STE 201 DETROIT, MI 48226
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	scholarship
Donee's Name	THE PLAYERS'
Donee's Address	3321 E JEFFERSON AVE DETROIT, MI 48207
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	Scholarship
Donee's Name	CAPUCHIN SOUP KITCHEN
Donee's Address	1820 MT ELLIOT STREET DETROIT, MI 48207
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

**Name:** THE JUNIOR LEAGUE OF DETROIT INC

**EIN:** 38-1507301

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS	3,406	4,882

TY 2009 Other Changes in Net Assets Schedule

**Name:** THE JUNIOR LEAGUE OF DETROIT INC

**EIN:** 38-1507301

Description	Amount
INCREASE IN VALUE OF MARKETABLE ASSETS	3,488

**TY 2009 Other Expenses Schedule****Name:** THE JUNIOR LEAGUE OF DETROIT INC**EIN:** 38-1507301

Description	Amount
SUPPLIES	1,807
TELEPHONE	1,528
GENERAL INSURANCE	4,602
WEBSITE MAINTENANCE	2,729
MISCELLANEOUS	2,676
DIRECTORY	2,226
BANK SERVICE CHARGES	297
DUES	19,397
RECRUITMENT	2,622
SUSTAINERS	731
MEMBERSHIP ENRICHMENT	4,538
CONFERENCES & TRAINING	11,153
ADVISORY SERVICES	1,500

TY 2009 Other Liabilities Schedule

**Name:** THE JUNIOR LEAGUE OF DETROIT INC

**EIN:** 38-1507301

Description	Beginning of Year Amount	End of Year Amount
OTHER LIABILITIES	77,500	68,309



**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** THE JUNIOR LEAGUE OF DETROIT INC

**EIN:** 38-1507301

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:  
Software Version:  
EIN: 38-1507301  
Name: THE JUNIOR LEAGUE OF DETROIT INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DONA PONEPINTO 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	PRESIDENT 5 00	0	0	0
SHERRY MCRILL 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	PRESIDENT-ELECT 5 00	0	0	0
SUSAN VETHACKE 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	TREASURER 5 00	0	0	0
KRISTINA ACHESON 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	SECRETARY 5 00	0	0	0
REBECCA STASEVICH 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	ASST TREASURER 5 00	0	0	0
JENNIFER TOOLE WU 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	COMMUNICATIONS COUNCIL DIRECT 5 00	0	0	0
CHERYL DIMAURO 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	COMMUNITY COUNCIL DIRECTOR 5 00	0	0	0
LESLIE GENEST 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	COMMUNITY COUNCIL TRUSTEE 5 00	0	0	0
ANN TURNBULL 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	MEMBERSHIP COUNCIL DIRECTOR 5 00	0	0	0
MICHELLE TIDERINGTON 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	MEMBERSHIP COUNCIL TRUSTEE 5 00	0	0	0
PATTY GMEINER 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	SUSTAINER DIRECTOR 5 00	0	0	0
PATTI KOLOJESKI 32 LAKESHORE ROAD GROSSE POINTE FARMS, MI 48236	SUSTAINER TRUSTTE 5 00	0	0	0