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2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30	, 2010
<u>B</u> _		ployer identification number
L	Address change Please JUNIOR LEAGUE OF GREAT FALLS, INC. 83	1-6011547
	liakalan (ephone number
	United returns 1 Drawn 1 CD D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D A D D D D A D D D A D D D D A D D D D A D D D D A D	06-761-8030
	remination Specific	70 701 0030
⊨		oup Exemption
	the state of the s	mber •
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting method	d X Cash Accrual
_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►	
		he organization is not Schedule B (Form 990,
٠.	990.F7 or 990.PF	Schedule B (Form 550,
K	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 501(c) 501	mally 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	▶ \$ 30,876.
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	
٠	1 Contributions, gifts, grants, and similar amounts received	1 14,005.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
2011	4 Investment income	4 209.
7	5a Gross amount from sale of assets other than inventory 5a 6, 108.	
ശ	b Less cost or other basis and sales expenses 5b 7,250.	
	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from in 5a) SEE STATEMENT 1	5c -1,142.
≥ ₹	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
₹,	a Gross revenue (not including \$ 2,500. of contributions	
Œ.	reported on line 1) 6a 9,938.	
iΠ	b Less direct expenses other than fundraising expenses 6b 9,067.	
SCANNED 4AN 3	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 871.
7	7a Gross sales of inventory, less returns and allowances 7a	
$\ddot{\circ}$	b Less. cost of goods sold 7b	
S	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ► SEE STATEMENT 2 RECFIVED)	8 616.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 (14,559.
	10 Grants and similar amounts paid (attach schedule) & JAN 1 4 2011	10
_	11 Benefits paid to or for members The Grants and similar amounts paid (attach schedule) We JAN 1 4 2011 O O O O O O O O O	11
ž	12 Salaries, other compensation, and employee benefits	12
Ë	13 Professional fees and other payments to independent contractors OGDEN, UT	1, 200.
EXPERSE	14 Occupancy, rent, utilities, and maintenance	14 1,100.
S	15 Printing, publications, postage, and shipping	15 45.
	16 Other expenses (describe ► SEE STATEMENT 3	16 17,206.
		17 19,551.
Δ	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,992.
NS	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 54,649.
N S E E T T	20 Other changes in net assets or fund balances (attach explanation)	20
Ś	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 49,657.
D.	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	
	(See the instructions for Part II) (A) Beginning of year	
22	F4 C40	
23		23
24		24
25	- FA CAO	. 25 49,657.
26	Total liabilities (describe >)	. 26 0.
27	E4 C40	. 27 49,657.
RΔ	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Form 990-EZ (2009)

Par	Statement of Program Se	Expenses				
	s the organization's primary exempt purpose? SE	501 (c	uired for section c)(3) and (4)			
Desc	ribe what was achieved in carrying out the ribe the services provided, the number o	he organization's exempt purp f persons benefited, or other	ooses In a clear and co relevant information for	oncise manner, each	orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
prog	ram title.				for o	thers')
28	THE ORGANIZATION PROVIDED					
	ITEMS, SHOES, ETC. TO CH	MENT_OF				
	HEALTH AND HUMAN SERVICES	- 				
	(Grants \$) If the	•	28 a	3,760.		
29	SEE STATEMENT 5					
	(Grants \$ 2,000.) If the	<u> </u>	29 a	2,000.		
30	THE ORGANIZATION PROVIDED					
	ASSISTANCE FUNDS TO THE C	C.M. RUSSELL HIGH S	CHOOL SENIOR C	LASS_FOR_A		
	CLASS PROJECT.		,,,			250
21		nis amount includes foreign gr	rants, check here		30 a	350.
31	Other program services (attach schedule (Grants \$) If the	e) his amount includes foreign gi	rants check here	▶ □	31 a	
32	Total program service expenses (add li		ants, theth here	_	32	6,110.
	List of Officers, Directors		plovees. List each or	ne even if not com		
75 W. C. L.	NICE OF CHICOIS, PROCEEDIS	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	is and	and other allowances
TZ 3 IT	W NICHOLD	to position PRESIDENT	0.	deferred compensa	0.	0.
	Y NICHOLS				υ.	0.
	RAILROAD SQUARE	1.00				
	AT FALLS, MT 59401	VICE DESTREME	0.		0.	0.
	BER_PINSKI RAILROAD SQUARE	VICE PRESIDENT			٥.	0.
		1.00				
	AT FALLS, MT 59401	TREASURER	0.		0.	0.
	PHANIE CORDEIRO	1.00			٧.	0.
	RAILROAD SQUARE AT FALLS, MT 59401	1.00				
	OY JOHNSON	TREASURER	0.		0.	0.
	RAILROAD SQUARE	1.00				0.
	AT FALLS, MT 59401	1.00				
	NNON MARR	SECRETARY	0.		0.	0.
	RAILROAD SQUARE	1.00	* *		٠.	0.
	CAT FALLS, MT 59401	1.00		`		
GIVE	AI PALLS, MI 35401	 				
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BAA		TEEA0812L ()1/30/10			Form 990-EZ (2009)

81-6011547

Page 2

Form 990-EZ (2009) JUNIOR LEAGUE OF GREAT FALLS, INC.

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 TEEA0812L 01/30/10	44 45 orm 990	Yes	x x
and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44	Yes	N/A No
-1 1		Yes	N/A
		_	N1 / 7s
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country:	42 c		X
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)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
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 List the states with which a copy of this return is filed NONE	40 e		X
	.		1
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			
d e b	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. NONE The organization's books are in care of DODY JOHNSON Telephone no 406-7 Located at 22 RAILROAD SQUARE GREAT FALLS MT ZIP + 4 59401 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T List the states with which a copy of this return is filed NONE Telephone no 406-761-8 Located at 22 RATLROAD SQUARE GREAT FALLS MT ZIP + 4 59401 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is filed NONE The organization's books are in care of JODY JOHNSON Telephone no YONE 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt charitable	e trusts must answer of	uestio	ns	ı
47 Did t 48 Is the 49 a Did t b If 'Ye 50 Com	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule he organization engage in lobbying activity e organization a school as described in so he organization make any transfers to an es,' was the related organization a section plete this table for the organization's five	ties? If 'Yes,' complete ection 170(b)(1)(A)(ii)? exempt non-charitable 527 organization?	Schedule C, Part II. If 'Yes,' complete Scherelated organization?	edule E ,	47 48 49 a 49 b	Yes	X X X X
empi	oyees) who each received more than \$10 Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	from the organization (c) Compensation	If there is none, enter 'Non (d) Contributions to employee benefit plans and deferred compensation	e ' (e) Ex	pense nt and	
NONE		devoted to position		deterred compensation	other an	owanices	
						_	
	number of other employees paid over \$1						
51 Comp	plete this table for the organization's five pensation from the organization. If there is	s none, enter 'None '	ndependent contractors				
NONE	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
d Total	number of other independent contractors	each receiving over \$1	00,000 .				
Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (or Signature of office) JODY JOHNSON Type or print name and title	ined this return, including according than officer) is based on a	mpanying schedules and stater ill information of which prepare	ments, and to the best of my knowled or has any knowledge Date TREASURER	ge and bel	ief, it is	
Paid Pre-	Preparer's signature NON-PAID PREPARI	ER	Date	Check if self employed	r's Identify structions)	ring Num	nber
parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN Phone no			
	S discuss this return with the preparer sh	own above? See instru	ctions	>	Yes orm 990		No 2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No 1545-0047

Open to Public

Employer identification number JUNIOR LEAGUE OF GREAT FALLS, INC 81-6011547 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 described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or 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(bX1)XAXiii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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) X q 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type III - Functionally integrated Type III- Other 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iv) is the (v) Did you notify (vii) Amount of Support (i) Name of Supported (III) Type of organization the organization in col (i) of organization in col organization in col Organization (described on lines 1-9 above or IRC section (i) listed in your (i) organized in the governing document? your support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check	ad the haven line	5 7 or 8 of Pari	•			. // . //	•.,
Sec	tion A. Public Support	ed the box off line	: 5, 7, 01 6 01 Fail					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	_						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
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).		· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
6	Public support. Subtract line 5 from line 4						•	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning 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 form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10					· · ·		
12	Gross receipts from related active	rities, etc. (see ins	structions)			l	12	
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year as	a section 5	501(c)(3) ▶ □
	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage from	•		ne 11, column (f)			15	<u>%</u> %_
16	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	x on line 13, and rganization	the line 14 is 33-	1/3 % or m	ore, ch	eck this box ►
ı	33-1/3 support test — 2008. If th and stop here. The organization	e organization did qualifies as a pub	l not check a box olicly supported oi	on line 13, or 16a rganization	a, and line 15 is 33	3-1/3% or m	nore, cl	neck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	e, Explain i	n Part	IV how
	organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organia	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explain i ted organiz	n Part	IV now the ▶
_18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 1/a				or 990.EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 JUNIOR LEAGUE OF GREAT FALLS, 81-6011547 Page 3 | Partyllikk | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 16,787. 17,988. 9,493. 4,382. 11,505. 60,155. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are 3 not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 16,787 17,988 9,493 4,382 11,505 155 60 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0. 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. year 0. 0. 0. 0. 0. 0. c Add lines 7a and 7b 8 Public support (Subtract line 60,155. 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 16,787 17,988 9,493 4,382 11,505 60,155. 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 1,189. 1,309 1,295 265 209 4,267. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 0. 209 1,295 265 4,267. 1,189 1,309 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 64,422. 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 93.4% 15 16 0.0% 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 6.6% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 0.0%

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests — **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

X

Schedule /	A (Form 990	or 990)-EZ) 2	2009	JUI	NIOR	LEA	GUE	OF.	GREA	T F	ALLS,	_ INC.		8	<u>1-60</u>	1154	7_	F	age 4
Part IV	Suppler Part II, I	nenta	Info	rmat	ion.	Comp	olete	thış	part	to pro	ovide	the o	explana	tions	requir	ed by	/ Part	II, lın	e 10;	
	Part II, I	ine 1	a or	1/b;	and	Part	111, 11	ne I	2. P	rovide	any	othe	additio	nal ir	itorma	ation.	See i	nstru	ctions	<u>. </u>
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2009

FEDERAL STATEMENTS

PAGE 1

JUNIOR LEAGUE OF GREAT FALLS, INC.

81-6011547

STATEMENT 1 FORM 990-EZ, PART I, LINE 5C **NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS:

6,108.

6,875.

EXPENSES OF SALE:

375.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,142.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,142.

STATEMENT 2 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE

ANNUAL DINNER

BANK CHARGES

<u>616.</u> TOTAL 616.

Ś

568.

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

BOARD RETREAT	286.
COMMUNITY SERVICE	6,903.
CONFERENCES, CONVENTIONS, AND MEETINGS	2,488.
DUES	3,425.
INSURANCE	1,500.
LICENSES & PERMITS	71.
MEMBERSHIP FUNCTIONS	1,310.
SUPPLIES	125.
TELEPHONE	530.
	TOTAL \$ 17,206.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATIÓN'S PRIMARY EXEMPT PURPOSE

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.

2009

FEDERAL STATEMENTS

PAGE 2

JUNIOR LEAGUE OF GREAT FALLS, INC.

81-6011547

STATEMENT 5 FORM 990-EZ, PART III, LINE 29 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION OBTAINED A REACH OUT AND READ GRANT FROM TARGET AND DISBURSED IT TO THE GREAT FALLS CLINIC. THE CLINIC USED THE FUNDS TO DISTRIBUTE SMALL, NEW BOOKS TO CHILDREN VISITING THEIR PEDIATRIC PHYSICIANS FOR WELL-CHECKS.

STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

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

NO

NO

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a Sepa	rate application to	r each return.						
If you are	filing for an	Automatic 3-Month	Extension, com	olete only Part I an	d check this box	-		► X			
	•	Additional (Not Auto				page 2 of the	s form)				
	_	aless you have alrea	-	· · · · · · · · · · · · · · · · · · ·	-			8868.			
		3-Month Extens									
	-atomatic	J-MONCH EXCENS	ion or rinic.	orny submit one	ina (no copie.	necaca).					
	•	ile Form 990-T and	· •								
All other corp income tax re		ludıng 1120-C filers)	, partnerships, R	EMICS, and trusts	must use Form 70	004 to request	an exten	ision of time to file			
returns noted Ihe additiona Form 990-T	below (6 mo I (not automa Instead, you i	tıc) 3-month extensi	on required to file on or (2) you file or completed and	e Form 990-T) How e Forms 990-BL, 60 signed page 2 (Pa	vever, you cannot 69, or 8870, group	file Form 886 returns, or a	B electron composi	nically if (1) you want			
Tuno or	Name of Exempt	Organization				·	Employer e	dentification number			
Type or print											
		EAGUE OF GRE					81-60	11547			
File by the due date for	Number, street, a	and room or suite number	If a PO box, see inst	ructions							
filing your return See		OAD SQUARE									
instructions	City, town or pos	t office, state, and ZIP cod	e For a foreign addre	ss, see instructions							
	GREAT FA	LLS, MT 5940	1								
Check type o	f return to be	filed (file a separat	e application for	each return)							
Form 990)		Form 990-T (c	orporation)		Form 472	.0				
Form 990	-BL		Form 990-T (se	ection 401(a) or 40	8(a) trust)	Form 522	27				
X Form 990)-EZ	<u> </u>	Form 990-T (tr	ust other than abov	/e)	Form 606	5069				
Form 990	-PF	T	Form 1041-A			Form 887	0				
Telephone If the orga If this is f check this	No ► 406 anization doe or a Group Ro	e of ► JODY JO -761-8030 s not have an office eturn, enter the orgalifit is for part of the	or place of busi	ıgıt Group Exemptı	on Number (GEN)	If					
	sion will cove	r ic 3-month (6 month	- 4		Form 000 Th suter						
until _ The ext ►	2/15_ ension is for calendar yea	_, 20 <u>11</u> _, to file the organization's re r 20 or	the exempt orga	•	the organization n	amed above					
2 If this ta	ax year is for	less than 12 months	s, check reason	Initial return	Final retu	ırn 🔲 C	hange in	accounting period			
		for Form 990-BL, 99 s See instructions	0-PF, 990-T, 472 	0, or 6069, enter th	ne tentative tax, le	ss any	3a \$	0.			
		or Form 990-PF or 9 nor year overpayme			and estimated tax	payments	3ь\$	0.			
deposit	e Due. Subtra with FTD cou tructions	ct line 3b from line 3 ipon or, if required,	Ba Include your by using EFTPS	payment with this f (Electronic Federal	orm, or, if require Tax Payment Sy	d, stem)	3c \$	0.			
Caution. If you		o make an electroni	c fund withdrawa	al with this Form 88	868, see Form 845	3-EO and For	m 8879-E	O for			
BAA For Priv	vacy Act and	Paperwork Reducti	on Act Notice. se	ee instructions.			For	m 8868 (Rev 4-2009)			