

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



-orm 990

Department of the Treasury Internal Revenue Service

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)

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

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-	2011	7 8 5	: d M
		applicable C Name of organization JUNIOR LEAGUE OF LAS VEGAS INC			identification number
	ldress ch	Doing Business As		88-0068	224
	ame cha			E Telephone	e number
_	ıtıal retu	Number and street (of F O box it mail is not delivered to street address)	Room/suite	(702) 82	2-6536
	mınate			G Gross roso	 pts \$ 398,177
	nended	LAS VEGAS, NV 89101		G Gloss lecel	μις \$ 390,177
L VI	plication	n pending			
		F Name and address of principal officer LAURA SCHMITT	H(a) Is this	a group return for affi	iliates? Yes No
		861 EAST BRIDGER AVENUE	H(b) Are a	ll affiliates include	d?
		LAS VEGAS, NV 89101	-		st (see instructions)
		npt status		up exemption r	
		npt status			
			1		M 0
	m of or art I	ganization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► Summary	L Year of fo	ormation 1964	M State of legal domicile NV
		•			
2	,	Briefly describe the organization's mission or most significant activities WE ARE AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING WOMEN, AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE VOLUNTEERS		,	
ĕ					
Governance					
<u> </u>	2		ed of more than 2	25% of its net	assets
26		Number of voting members of the governing body (Part VI, line 1a)		3	12
Activities &		Number of independent voting members of the governing body (Part VI, line		. 4	12
5	5	Total number of individuals employed in calendar year 2010 (Part V , line 2a	a)	5	3
¥	6	Total number of volunteers (estimate if necessary)		6	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prid	or Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	•	163,154	256,098
Revenue	9	Program service revenue (Part VIII, line 2g)		22,039	22,535
Нэў	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•	7,706	10,246
_	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line	57,849	8,200
	12	12)		250,748	297,079
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lin	es 5–	23,230	15,413
Expenses	16a	10) Professional fundraising fees (Part IX, column (A), line 11e)		0	13,413
⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶6,290			
Э	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	196,921	233,458
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 2		220,151	248,871
	19	Revenue less expenses Subtract line 18 from line 12		30,597	48,208
8 8 8 8 8		·	Beginnin	g of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,914,670	1,957,987
88	21	Total liabilities (Part X, line 26)		57,686	52,508
žŽ	22	Net assets or fund balances Subtract line 21 from line 20		1,856,984	1,905,479
Pa	rt II	Signature Block			
Und knov	er pena	lties of perjury, I declare that I have examined this return, including accompanyir and belief, it is true, correct, and complete. Declaration of preparer (other than o			
		*****		012-03-22	
Sig	n	Signature of officer		ate	
Her		LAURA SCHMITT PRESIDENT Type or print name and title			
		Print/Type Preparer's signature	Date	Check if self-	PTIN
Paid		preparer's name	2012-03-22	employed 🕨	Summer by the second se
	arer	Firm's address 7881 W CHARLESTON BLVD SUITE 155			Firm's EIN
Use	Only	LAS VEGAS, NV 89117			Phone no (702) 871- 2727
		END AFOND' IAA OSTI1			i .

Par	t III	Statement of Program S Check if Schedule O contains				
1	Briefly	describe the organization's m	ISSION			
AND IS EX	IMPRO (CLUSI	ORGANIZATION OF WOMEN VING COMMUNITIES THROUVELY EDUCATIONAL AND CHODEMONSTRATE AN INTE	JGH THE EFFECTI\ HARITABLE WE RE	VE ACTION AND LEA EACH OUT TO WOMEI	DERSHIP OF TRAINED VO N OF ALL RACES, RELIGIO	LUNTEERS OUR PURPOSE
2	the pri	e organization undertake any s or Form 990 or 990-EZ? .		ervices during the year	r which were not listed on	┌ Yes ┌ No
		," describe these new services				
3	servic	e organization cease conductines?			nducts, any program	┌ Yes ┌ No
4	Descr Sectio	be the exempt purpose achievent 501(c)(3) and 501(c)(4) org	ements for each of t anızatıons and sectı	ion 4947(a)(1) trusts a	are required to report the ai	
4a	(Code) (Expenses s	221,086	including grants of \$) (Revenue \$	22,535)
	ORGAI MEMB COMM THE O DONE ALLOW KIDS I ISSUE: FALL C PROVI THE II AND R HISTO THE V THOU IN CO EXAMI	JNIOR LEAGUE OF LAS VEGAS (JLLV) HIZATIONS WERE FOUNDED THROUGHERS, JLLV IS DEDICATED TO IMPROVII UNITY JUNIOR LEAGUE PROJECTS M RGANIZATION SINCE 1987, THE SUSTIN A DAY PROJECTS PROVIDE A HAND CAMARADERIE AND IMMEDIATE SATIN THE KITCHEN IS AN ASSOCIATIONS SURROUNDING CHILDHOOD OBESTIVATION OF A PROJECT OF THE MORELLI HOW THE MORELLI HOW THE HOUSE AS A HISTORIC RIC MID CENTURY HOUSE THROUGHEGAS ROOTS COMMUNITY GARDEN TO CHARM THE DEVELOPMENT OF A PREMIER ORDINATION WITH OTHER COMMUNITY NATIONS, IMMUNIZATIONS, AND CAR AND THE SOUTHERN NEVADA IMMUNICATIONS, IMMUNIZATIONS, AND CAR AND THE SOUTHERN NEVADA IMMUNICATIONS, IMMUNIZATIONS, AND CAR AND THE SOUTHERN NEVADA IMMUNICATIONS, IMMUNIZATIONS, AND CAR	H COMMUNITY SERVICE ON CLARK COUNTY AND EET A VARIETY OF COMMINISM TAINING MEMBERS COOF IS-ON VOLUNTEER EXPENSE OF THE YAND POOR NUTRITION CT AND PERMIT JILLY TO CATORS ENABLING THEN DUSE, WAS ORIGINALLY LEAD PRE-ARRANGED GROUP OF PROMOTE COMMUNITY GARDEN, IY LEADERS JILLY'S CARLE TO UNDERSERVED MEI	AND FUNDRAISING EFFORT: TRAINING MEMBERS TO BE: MUNITY NEEDS THE ANNUA RIENCE FOR IMMEDIATE CHE E MEMBERS AND ADDRESS TO E ASSOCIATION OF JUNIOR I COMMUNITY GRANTS PRO MY TO DEVELOP AND IMPLEMI LOCATED ON THE DESERT IN ECT AND TO SERVE AS THE TOURS, PUBLIC OPEN HOU! AWARENESS OF SUSTAINA PROVIDE A VARIETY OF VO E FAIR PROJECT ARRANGES MBERS OF THE COMMUNITY	S BY THE HARD-WORKING MEME COME EFFECTIVE VOLUNTEERS A L HOLIDAY BEAR PROJECT IS THE RIVE FOR APPROXIMATELY 300 C IANGE TO THE COMMUNITY SELETHE FOCUS AREA OF HEALTH ANI LEAGUES INTERNATIONAL (AJLI) DVIDE BOTH MUCH NEEDED FUNK OF OR PAST PROJECT OR ADVOCACENT EDUCATIONAL ENRICHMENT IN COUNTRY CLUB ESTATES, NO LEAGUE'S HEADQUARTERS THE SES, AND EDUCATIONAL PROGRABLE AGRICULTURE, PROMOTE CLUNTEER OPPORTUNITIES, AND LA ONE DAY HEALTH FAIR PROVI	ERS OF JLLV WITH OVER 400 IND LEADERS WITHIN THE E OLDEST ON-GOING PROJECT OF HILDREN FROM AT-RISK SCHOOLS CTED PROJECTS ARE CHOSEN TO D WELLNESS JUNIOR LEAGUES' THAT HELPS ADDRESS THE URGENT DING FOR COMMUNITY NEEDS THAT CY EFFORT EDUCATION GRANTS PROJECTS IN THE CLASSROOM W THE WYNN RESORT JLLV MOVED PUBLIC PROGRAM SHOWCASES THE IMS JLLV IS COLLABORATING WITH DIMMUNITY HEALTH AND FITNESS DFFER A HIGHLY-VISIBLE PROJECT DING NO COST MEDICAL
4b	(Code) (Expenses s	\$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses s	\$	including grants of \$) (Revenue \$)
4d	Othe	r program services (Describe	ın Schedule O)			
-		enses \$	including grants o	of\$) (Revenue \$)
4e	Total	program service expenses +\$	221,08	 86		

Part IV	Checklist	of Red	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 1	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	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.	11c		Νο
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23		Νo
24a	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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Νο
b	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		Νo
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		Νο
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		Νo
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? <i>If</i> " <i>Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		Νo
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🖼	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?		163	
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		Νο
b	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OB		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
ט	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
-	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JUNIOR LEAGUE OF LAS VEGAS 861 EAST BRIDGER AVENUE

LAS VEGAS, NV 89101 (702) 822-6536

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

Check if Schedule O contains a response to any question in this Part VII

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)		((, mp cm	5410	(D)	(E)	(F)
Name and Title	Average	Posi	tıon ((che		II		Reportable	Reportable	Estimated
	hours per	t	hat a	pply		,		compensation from the	compensation from related	amount of other compensation
	week		<u> </u>			Highest compensated employee		organization (W-	organizations	from the
	(describe	오르	SE		<u>\$</u>			2/1099-MISC)	(W- 2/1099-	organization and
	hours for	[1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2	œ.	èΩ	F		MISC)	related organizations
	related	호텔	19	Office E	ջ	∄	Former			
	organizations in	Individual trustee or director	Institutional Trustee	-	employee	<u>ĕ</u>	-			
	Schedule	<u>0</u>	ST DE		") B				
·	0)		• 1			<u> </u>				
(1) LAURA SCHMITT PRESIDENT	25 00	Х		x				0	0	0
(2) MELINDA MCGEORGE-JOHNSON SUSTAINING PRESIDENT	4 00	х						0	0	0
(3) BRITTA CARLSON PRESIDENT ELECT	20 00	х		х				0	0	0
(4) MICHELLE ECKMANN FINANCE VP	12 00	х		х				0	0	0
(5) INGRID PORCIUNCULA TREASURER	3 00	х		х				0	0	0
(6) CALVERT COLLINS FUND DEVELOPMENT VP	5 00	х		х				0	0	0
(7) KRISTINE MCKAY FUND DEVELOPMENT MAL	4 00	х						0	0	0
(8) CHRISTINA SALTMAN RECORDING SECRETARY	6 00	х		х				0	0	0
(9) JODI MANZELLA COMMUNITY VP	5 00	х		х				0	0	0
(10) COURTNEY ORROCK COMMUNITY MAL	3 00	х						0	0	0
(11) ANN RICHARD LEAGUE OPERATIONS VP	12 00	Х		Х				0	0	0
(12) BROOK POCOCK LEAGUE OPERATIONS MAL	5 00	х						0	0	0
										_

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	verage Position (check all Reportable Reportabl compensation compensation								Reportable compensation		(F) Estima	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		compen: from rganizat relat organiza	the ion and ed
		_												
				_										
1b	Sub-Total							-						
С.	Total from continuation sheets						•	<u></u>				0		0
d		<u> </u>								0		0		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee,o	rhighest • • •	compens	ated employee	3		No
4	For any individual listed on line organization and related organization											4		No
5	Did any person listed on line 1a services rendered to the organi		-						_	anızatıon d	or individual for	5		No
	attan B. Talana I													
1 1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	ende	ent c	ontra	tors	that rec	eived mor	e than			
		(A) me and business ad								Descr	(B) ription of services		(C Comper	
									+					
2	Total number of independent con	tractors (ıncludıı	ng but n	ot lır	nıted	l to	those	liste	d above)	who receiv	ed more than			

art v	Statement of Revenue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue
				function revenue		from tax under sections 512,
						512, 513, or 514
contributions, gilts, grants and other similar amounts	1a Federated campaigns 1a b Membership dues 1b	54,067				
s, gi	c Fundraising events 1c	132,263				
giic lar	d Related organizations 1d					
ns, simi	e Government grants (contributions) 1e					
E E	f All other contributions, gifts, grants, and 1f	69,768			! 	!
1	similar amounts not included above Noncash contributions included in lines 1a-1f \$					
and	h Total. Add lines 1a-1f		256,098			
		Business Code	·			
enui	2a PROGRAM	624100	22,535	22,535		
Re v	b					
Program Serwde Revenue	c					
Serv	d					
an)	e					
'ogr	f All other program service revenue					
<u> </u>	g Total. Add lines 2a-2f		22,535			
	3 Investment income (including dividends, interest and other similar amounts)		10,246			10,24
	4 Income from investment of tax-exempt bond proceeds		,			
	5 Royalties					
	(ı) Real	(II) Personal				
	6a Gross Rents b Less rental					
	expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(1) Securities 7a Gross amount	(II) O ther				
	from sales of assets other					
	than inventory b Less cost or					
	other basis and sales expenses					
	c Gain or (loss)					
	d Netgain or (loss)					
ב	8a Gross income from fundraising events (not including					
5	\$132,263					
č	of contributions reported on line 1c) See Part IV, line 18					
omei vevalue	a	101,098				
5	b Less direct expenses b	101,098	0			
	c Net income or (loss) from fundraising events • 9a Gross income from gaming activities See Part IV, line 19 . a		0			
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					
	returns and allowances . a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code	9.200			0.20
	11a MISCELLANEOUS	624100	8,200			8,20
	b					
	d All other revenue					
	d A other revenue					
	F		8,200	<u> </u>		<u> </u>
	12 Total revenue. See Instructions		297,079	22,535	0	18,44

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to complete column (B) but are not required to column (B		ns (B), (C), and		-
	t include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,413	12,330	1,850	1,233
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	12,058		12,058	
_	Advertising and promotion			,	
	Office expenses	7,109	5,687	853	569
	Information technology	1,222			
	Royalties				
	Occupancy				
	Travel	5,737	5,737		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,737	3,737		
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	26,811	21,449	3,217	2,145
	Insurance	2,428	1,943	291	194
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	2,123	2,213		
а	PRO GRA M	138,805	138,805		
b	MISCELLANEOUS	16,455	13,164	1,975	1,316
c	NATIONAL MEMBERSHIPS DU	13,633	13,633		
d	UTILITIES	6,442	5,154	773	515
e	REPAIRS	3,980	3,184	478	318
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	248,871	221,086	21,495	6,290
	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			43,365	1	2,056	
	2	Savings and temporary cash investments			824,901	2	945,669	
	3	Pledges and grants receivable, net			18,671	3	2,000	
	4	Accounts receivable, net			914	4	1,023	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	mployees, and				
		Schedule L				5		
s	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing emsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	rs, and					
ste		Schedule L				6		
Assets	7	Notes and loans receivable, net			7			
4	8	Inventories for sale or use		8,239	8	4,007		
	9	Prepaid expenses and deferred charges		3,218	9	5,000		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,154,535				
	b	Less accumulated depreciation	ccumulated depreciation 10b 216,883					
	11	Investments—publicly traded securities	542	11	580			
	12	Investments—other securities See Part IV, line 11		12				
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			60,000	15	60,000	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,914,670	16	1,957,987			
	17	Accounts payable and accrued expenses .			2,598	17	3,198	
	18	Grants payable				18		
	19	Deferred revenue			55,088	19	49,310	
	20	Tax-exempt bond liabilities		20				
Se	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	_	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lial		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23	_	
	24	Unsecured notes and loans payable to unrelated third parties .				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			57,686	26	52,508	
S		Organizations that follow SFAS 117, check here ▶ 🔽 and compl	ete lir	nes 27				
Ф		through 29, and lines 33 and 34.						
Fund Balances	27	Unrestricted net assets			1,194,848	27	332,610	
Ba	28	Temporarily restricted net assets			69,059	28	979,039	
рц	29	Permanently restricted net assets			593,077	29	593,830	
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	olete				
or		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		
Net	33	Total net assets or fund balances			1,856,984	33	1,905,479	
	34	Total liabilities and net assets/fund balances			1,914,670	34	1,957,987	

Pal	Check if Schedule O contains a response to any question in this Part XI			. I	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	297,07
2	Total expenses (must equal Part IX, column (A), line 25)	2			······································
3	Revenue less expenses Subtract line 2 from line 1	3			48,20
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,8	356,98
5	Other changes in net assets or fund balances (explain in Schedule O)	5			28
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,9	905,47
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	1	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

DLN: 93493082002452

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization

JONIO	K LEAG	SUE OF LAS VEGAS INC	3-0068224					
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.		ictions				
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)	/ See mad a	100113				
1	Ť	A church, convention of churches, or association of churches described in section 170(b)(1)	(A)(i).					
2	Ė	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	. ,.,					
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	Γ	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	Γ	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	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)	(v).					
7	Γ	An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi) (Complete Part II)	unit or from t	he general	public			
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	굣	An organization that normally receives (1) more than 331/3% of its support from contributio	ns, members	hip fees, ar	nd gros	ss		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2	2) no more th	an 331/3%	of			
		its support from gross investment income and unrelated business taxable income (less secti	on 511 tax)	from busine	sses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)					
10	Γ	An organization organized and operated exclusively to test for public safety See section 509 ((a)(4).					
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 509(the box that describes the type of supporting organization and complete lines 11e through 1 a Type I b Type II c Type III - Functionally integrated	(a)(2) See se 1h		a)(3).	Check		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)		•	•			
f		If the organization received a written determination from the IRS that it is a Type I, Type II of check this box	or Type III st	upporting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of th following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons describe	∌d in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?		11g(i)				
		(ii) a family member of a person described in (i) above?		11g(ii)				
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)				
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	ion in anized	(vii) A mount of support
	'	instructions))	Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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 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 activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck	, on mic 19,	, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	386,835	383,598	255,789	163,154	198	8,781	1,388,157
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	224,720	86,647	105,020	57,357	13:	2,263	606,007
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its							
5	behalf The value of services or facilities							
6	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	611,555	470,245	360,809	220,511	33.	1,044	1,994,164
	A mounts included on lines 1, 2, and 3 received from disqualified	011,333	176,213	300,003	220,311		2,011	1,331,10
b	persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							(
c	amount on line 13 for the year Add lines 7a and 7b						\pm	(
8	Public Support (Subtract line 7c from line 6)							1,994,164
	ection B. Total Support	1						
cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
9	A mounts from line 6	611,555	470,245	360,809	220,511	331	1,044	1,994,164
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,495	18,069	14,871	7,706	18	3,446	78,587
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	19,495	18,069	14,871	7,706	18	3,446	78,587
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)	631,050	488,314	375,680	228,217	349	9,490	2,072,75
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ıfth tax year as a	section501	(c)(3)) organization, ▶
Se	ection C. Computation of Pul	olic Support Pe	rcentage					
15	Public Support Percentage for 201			13 column (f))		15		96 210 %
16	Public support percentage from 20	09 Schedule A, Pa	rt III, line 15			16		96 510 %
Se	ection D. Computation of Inv							
17	Investment income percentage for	2010 (line 10c col	umn (f) dıvıded b	y line 13 column	(f))	17		3 790 %
18	Investment income percentage fro		,			18		3 490 %
19a	33 1/3% support tests—2010. If the	ne organization did	not check the bo	x on line 14, and	line 15 is more t	:han 33 1/3%	o and	line 17 is not

19a 33 1/3% support tests—2010. 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

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

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082002452

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number Name of the organization JUNIOR LEAGUE OF LAS VEGAS INC 88-0068224 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) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No 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 may 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b

- 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 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located 🛌

Number of conservation easements on a certified historic structure included in (a)

- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

2c

Schedule D (Form 990) 2010

Public exhibition Scholarly research											
				Loopo	ravah	ange progr					
Scholarly research		d	<u>'</u>		rexcn	ange progr	ams				
Scholarly research		е	ı	Other							
Preservation for future generations											
ovide a description of the organization's co irt XIV	llections and expla	ın hov	v the	y furthei	the o	rganızatıon	's ex	empt purpose	ın		
								ılar	_		_
										es	No
						answere	u r	es to Form	990,		
cluded on Form 990, Part X?					ions o	r other ass	ets r	not	┌ Y	es	┌ No
"Yes," explain the arrangement in Part XIV	and complete the	follow	ing t	able		Г		Α	moun	<u> </u>	
aginning halance						F	10			-	
						-					
5 ,						 					
•						-	-				
		. 717				L	Δ.				
		e 21,) Y	es	No
		2 200	wor	od "Voc	" to E	orm 000	Dar	+ TV Inc. 10			
Endowment Funds. Complete I									_	our Ye	ears Back
eginning of year balance	522,833		,	497,928	(-):::		_``		1 1		
	1,043,962			54,459		95,57	3				
	15,661			5,989		11,03	1				
-							+		1		
ther expenditures for facilities	42,372			35,543		35,39	8				
· ·									+		
·	1,540,084			522,833		497,92	8		+		
٠	r end halance held a	96									
	r end barance herd t	13									
•											
	sion of the organiz	ation	that	are held	and ac	iministere.	d for	the			
ganization by	ston of the organiza	u tion	inat	are nera	una ac	21111111316161	101	tiic	[Yes	No
unrelated organizations								3	ı(i)		Νο
) related organizations								38	(ii)		Νο
									зь 📗		
	<u> </u>										
Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	orm 99	90, Pa	rt X, line	<u> 10.</u>				
Description of investment										(d) Bo	ok value
d						324	,812				324,812
ldıngs						753	3,898	153	141		600,757
sehold improvements											
upment						75	,825	63	,742		12,083
er											
dd lines 1a-1e <i>(Column (d) should equal Fo</i>			1	40())					-		937,652
	Escrow and Custodial Arrange Part IV, line 9, or reported an am the organization an agent, trustee, custod cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV eginning balance diditions during the year instributions during the year instributions during the arrangement in Part XIV Endowment Funds. Complete in Endowment Funds in the possession of the year in the	Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 95 the organization an agent, trustee, custodian or other intermediated on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the engining balance diditions during the year instributions during the year instributions during the arrangement in Part XIV Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization include including incl	Escributions during the year explain the arrangement in Part XIV and complete the following balance did the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV and complete the following balance did to respect to the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV and complete the following balance did the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization and the organization an	President parameters of the organization solicit or receive donations of art, his sets to be sold to raise funds rather than to be maintained as part of the part IV, line 9, or reported an amount on Form 990, Part X the organization an agent, trustee, custodian or other intermediary for called on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following the general parameters of the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Indowment Funds. Complete if the organization answers againing of year balance (a) Current Year (b) Proof (a) Current Y	Tring the year, did the organization solicit or receive donations of art, historical tests to be sold to raise funds rather than to be maintained as part of the organization. Part IV, line 9, or reported an amount on Form 990, Part X, line 2 the organization an agent, trustee, custodian or other intermediary for contributing the organization and agent, trustee, custodian or other intermediary for contributing the organization and agent, trustee, custodian or other intermediary for contributing the organization and agent, trustee, custodian or other intermediary for contributing the organization and agent, trustee, custodian or other intermediary for contributing the organization and complete the following table are diditions during the year diding balance and the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV I Endowment Funds. Complete if the organization answered "Yes aginning of year balance (a) Current Year (b) Pror Year (b) Pror Year (a) Current Year (b) Pror Year	Sets to be sold to raise funds rather than to be maintained as part of the organization's very sets to be sold to raise funds rather than to be maintained as part of the organization's very sets to be sold to raise funds rather than to be maintained as part of the organization's very set of the organization's very set of the organization and agent, trustee, custodian or other intermediary for contributions or contributions during the year did in the arrangement in Part XIV very set of the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV very set of the organization answered "Yes" to Fedical to the organization answered "Yes" to Fedical the organization that are held and accompanied to the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization in the possession of the organization that are held and accompanization by the organization	Types, "explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21? Western the arrangement in Part XIV	Tring the year, did the organization solicit or receive donations of art, historical treasures or other similates to be sold to raise funds rather than to be maintained as part of the organization's collection? March Escrow and Custodial Arrangements. Complete if the organization answered "Y Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets reliated on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table It	wing the year, did the organization solicit or receive donations of art, historical treasures or other similar sets to be sold to raise funds rather than to be maintained as part of the organization's collection? ✓ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions or other assets not liuded on Form 990, Part X; line 21. "Yes," explain the arrangement in Part XIV and complete the following table signifying the year and the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV ✓ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a)Current (b)Pror Year (c)Two Years Back (d)Three Years Back (d	ring the year, did the organization solicit or receive donations of art, historical treasures or other similar sets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, Jine 9, or reported an amount on Form 990, Part X, Jine 21. **Vescrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Jine 9, or reported an amount on Form 990, Part X, Jine 21. **Lettled on Form 990, Part X?** **Test," explain the arrangement in Part XIV and complete the following table significant of the organization and significant of the organization and suring the year diding balance detections during the year astributions during the year diding balance in the organization include an amount on Form 990, Part X, Jine 21? **Tendowment Funds.** **Complete if the organization answered "Yes" to Form 990, Part IV, Jine 10. **Tendowment Funds.** **Complete if the organization answered "Yes" to Form 990, Part IV, Jine 10. **Tendowment Funds.** **Complete if the organization answered "Yes" to Form 990, Part IV, Jine 10. **Tendowment Funds.** **Ten	rung the year, did the organization solicit or receive donations of art, historical treasures or other similar sets to be sold to raise funds rather than to be maintained as part of the organization an sewered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Vest organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X? Vest organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X? Vest organization include an amount on Form 990, Part X, line 21? Vest of the organization include an amount on Form 990, Part X, line 21? Vest of the organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 21? Vest organization include an amount on Form 990, Part X, line 10. Including the year of the organization answered "Yes" to Form 990, Part IV, line 10. Vest organization organization in Judius (dy) line organization o

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

	TXU Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	297,079
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	248,871
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,208
4	Net unrealized gains (losses) on investments	4	287
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 - 8	9	287
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,495
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	308,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 10,950		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	11,237
3	Subtract line 2e from line 1	3	297,079
4	A mounts 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		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	297,079
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	259,821
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	10,950
3	Subtract line 2e from line 1	3	248,871
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	248,871
5	rotal expenses Add lines 3 and 4c. (This should equal form 990, Fait 1, line 10)		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

DLN: 93493082002452

Employer identification number

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

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.

Inspection

JUNIOR LEAGUE OF LAS VEGAS INC 88-0068224 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations In-person solicitations 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 services? 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 and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) O ther Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Ψ	1	Gross receipts	192,118	3	41,243	233,361
Revenue	2	Less Charitable	97,77		34,492	132,263
<u>~</u>	3	Gross income (line 1 minus line 2)	94,347	7	6,751	101,098
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages	40,818	3		40,818
Direct	8	Entertainment				
Δ	9	Other direct expenses .	53,529		6,751	60,280
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌	101,098
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	0
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Reveitue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue			0	
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	Γ Yes % Γ No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)		
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the org	anızatıon operate ga	ming activities with nonmember	s?			┌ Yes	Γ _{No}	
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?								
13	Indicate the	percentage of gamır	g activity operated in						
а	The organization's facility								
b	An outside facility								
14	Provide the n records	ame and address of	the person who prepares the or	janızatıon's gamı	ing/special events books	and			
	Name 🟲	JUNIOR LEAGUE	FINANCE COMMITTEE						
	Address 🏲	861 BRIDGER AV LAS VEGAS, NV							
15a			ntract with a third party from who	•			_	_	
h			ning revenue received by the org				I Yes	I No	
			ed by the third party 🟲 \$		and	ı tne			
_									
·	If "Yes," ente	er name and address	1						
	Name 🟲								
	Address 🟲								
16	Gaming mana	ager information							
	Name 🟲								
	Gaming mana	ager compensation	▶ \$						
	Description o	of services provided	•						
17	Director/o		Employee	☐ Indep	endent contractor				
ъ, а			r state law to make charitable d	ıstrıbutıons from	the gaming proceeds to				
		ate gaming license?					┌ ∨	Γ _{No}	
ь			required under state law distrib			ent	ı res	ı NO	
			activities during the tax year						
Par	t IV Comp		provide additional information		s to question on Sche	edule G (s	ee		
	Ider	ntıfıer	ReturnReference		Explanat	tion			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082002452

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization JUNIOR LEAGUE OF LAS VEGAS INC

Employer identification number

					88-0068224			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1	Art-Works of art			-5				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
	Cars and other vehicles .	Х	1	8,470	FAIR MARKET VAL	UE		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()		See Add'l Data					
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received b				29			
	for which the organization complete	ea Form &	3283, Part IV, Donee Ackr	nowledgement	2.5		v	
20-	During the year, did the organization	on rocaly	a by contribution any prope	arty reported in Bart I. lines	1 20 +62+ +		Yes	No
Jua								
	must hold for at least three years f for exempt purposes for the entire			on, and which is not require	a to be used			No
						30a		No
ъ 31	If "Yes," describe the arrangement Does the organization have a gift a			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use t contributions?	nird parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
ь	If "Yes," describe in Part II							
33	If the organization did not report redescribe in Part II	evenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082002452

Employer identification number

88-0068224

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization JUNIOR LEAGUE OF LAS VEGAS INC

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS MADE AVAILABLE UPON REQUEST		

ldentifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST		

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 287

Additional Data

Software ID:

Software Version:

EIN: 88-0068224

Name: JUNIOR LEAGUE OF LAS VEGAS INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining oncash contribution amounts
Other►(<u>RAFFLES</u>)	Х	4	26,075	FAIR MARKET VALUE
FLORAL Other ► (<u>ARRANGEMENTS</u>)	Х	2	1,400	FAIR MARKET VALUE
FOOD & Other ► (<u>BEVERAGES</u>)	Х	5	4,540	FAIR MARKET VALUE
Other ► (SUPPLIES)	Х	1	736	FAIR MARKET VALUE
PLAYGROUND Other ► (<u>MATERIAL</u>)	×	3	12,142	FAIR MARKET VALUE