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**Return of Organization Exempt From Income Tax**

**2010**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

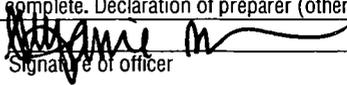
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>555 RAVENSWOOD AVENUE</b> City or town, state or country, and ZIP + 4 <b>MENLO PARK, CA 94025</b> <b>F</b> Name and address of principal officer <b>STEFANIE BRUGGEMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1603047</b> <b>E</b> Telephone number <b>(650) 321-5026</b> <b>G</b> Gross receipts \$ <b>853,726.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.THEJUNIORLEAGUE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROMOTING VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING COMMUNITIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>13</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>238</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1f)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>149,454.</b>	<b>163,958.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>142,254.</b>	<b>126,499.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>82,457.</b>	<b>65,541.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>150,596.</b>	<b>164,062.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>524,761.</b>	<b>520,060.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>73,000.</b>	<b>70,454.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>160,333.</b>	<b>164,640.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>54,513.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>265,368.</b>	<b>237,036.</b>
<b>18</b>	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>498,701.</b>	<b>472,130.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>26,060.</b>	<b>47,930.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>3,617,753.</b>	<b>4,026,767.</b>
<b>22</b>	Net assets or fund balances - Subtract line 21 from line 20	<b>161,881.</b>	<b>131,423.</b>
		<b>3,455,872.</b>	<b>3,895,344.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer:  <b>STEFANIE BRUGGEMAN</b> Type or print name and title	Date: <b>4.12.12</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>RANDY PETERSON</b> Preparer's signature: <b>RANDY PETERSON</b> Date: <b>04/03/12</b> Check if self-employed: <input type="checkbox"/> PTIN:	Firm's name: <b>BERGER LEWIS ACCOUNTANCY CORP.</b> Firm's address: <b>55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113</b> Firm's EIN: Phone no.: <b>(408) 494-1200</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED MAY 01 2012

2/6 21

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O response

1 Briefly describe the organization's mission
PROMOTING VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

Yes No (X) No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O

Yes No (X) No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 183,036. including grants of \$ 70,454. ) (Revenue \$ )
COMMUNITY PROJECTS & GRANTS - ALL RESOURCES USED TO SUPPORT SELECTED ORGANIZATIONS THAT ADDRESS CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS AREA OF THE LEAGUE.

COMMUNITY OUTREACH / SERVICES - IDENTIFY CRITICAL COMMUNITY NEEDS, EVALUATE POTENTIAL FOR VOLUNTEER PLACEMENT, AND ADVOCATE ON BEHALF OF LEAGUE INTERESTS.

1500 INDIVIDUALS SERVED.

4b (Code ) (Expenses \$ 91,702. including grants of \$ ) (Revenue \$ )
TRAINING - TO DEVELOP THE POTENTIAL OF WOMEN VOLUNTEERS THROUGH WORKSHOPS, SEMINARS, AND SHORT TRAININGS ALIGNED WITH THE MISSION OF THE LEAGUE.

240 INDIVIDUALS SERVED.

4c (Code: ) (Expenses \$ 61,045. including grants of \$ ) (Revenue \$ 126,774. )
THE LEAGUE PROMOTES VOLUNTEERISM, DEVELOPS THE POTENTIAL OF ITS MEMBERS FOR VOLUNTARY PARTICIPATION IN COMMUNITY AFFAIRS, AND DEMONSTRATES THE EFFECTIVENESS OF TRAINED VOLUNTEERS.

880 MEMBERS SERVED.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 335,783.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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 "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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 "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders	N/A	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			14
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			14
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10a			X
b	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?	X	
11a		X	
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	X	
12a		X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?		X
13			X
14	Does the organization have a written document retention and destruction policy?	X	
14		X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
15a			X
b	Other officers or key employees of the organization		X
15b			X
	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?		X
16a			X
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			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	PENNY THOMPSON - (650) 321-5026 555 RAVENSWOOD AVENUE, MENLO PARK, CA 94025

**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. 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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEFANIE BRUGGMAN PRESIDENT	5.00	X		X				0.	0.	0.
MAUREEN COSTELLO PRESIDENT-ELECT	5.00	X		X				0.	0.	0.
JAN HICKMAN ADMINISTRATIVE VP	5.00	X		X				0.	0.	0.
KRISTIN FABOS LIVINGSTON COMMUNICATIONS VP	5.00	X		X				0.	0.	0.
JOY PEACOCK COMMUNITY VP	5.00	X		X				0.	0.	0.
BENA VOHRA FINANCE VP	5.00	X		X				0.	0.	0.
ALEXIA CLEMENTS FUNDRAISING VP	5.00	X		X				0.	0.	0.
RAHELA ABBAS MEMBERSHIP DEVELOPMENT VP	5.00	X		X				0.	0.	0.
SARA HOLLISTER SECRETARY	5.00	X		X				0.	0.	0.
LIZ WU TREASURER	5.00	X		X				0.	0.	0.
CAT CARLTON SENIOR SPAC DELEGATE	5.00	X		X				0.	0.	0.
ANGELA ESPINOSA SPECIAL PROJECTS MAL	5.00	X		X				0.	0.	0.
NANDINI GONDHALEKAR COMMUNITY RELATIONS MAL	5.00	X		X				0.	0.	0.
MARY MARSH SUSTAINER DIRECTOR	5.00	X		X				0.	0.	0.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	72,369.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	91,589.				
	g	Noncash contributions included in lines 1a-1f \$	5,718.				
	h	<b>Total.</b> Add lines 1a-1f	163,958.				
	Program Service Revenue	2 a	<b>MEMBERSHIP DUES</b>	126,499.	126,499.		
		b					
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f	126,499.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	65,541.			65,541.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 72,369. of contributions reported on line 1c). See Part IV, line 18	a	65,445.			
		Less direct expenses	b	65,445.			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a	6,410.			
Less: direct expenses		b					
Net income or (loss) from gaming activities			6,410.			6,410.	
10 a	Gross sales of inventory, less returns and allowances	a	425,598.				
	Less. cost of goods sold	b	268,221.				
	Net income or (loss) from sales of inventory		157,377.			157,377.	
Miscellaneous Revenue							
11 a	<b>MISCELLANEOUS</b>	Business Code	275.	275.			
b		900099					
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		275.				
12	<b>Total revenue.</b> See instructions.		520,060.	126,774.	0.	229,328.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	70,454.	70,454.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 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	138,493.	69,247.	34,623.	34,623.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,730.	2,865.	1,433.	1,432.
9 Other employee benefits	9,705.	4,852.	2,426.	2,427.
10 Payroll taxes	10,712.	5,356.	2,678.	2,678.
11 Fees for services (non-employees):				
a Management				
b Legal	1,480.	1,036.	296.	148.
c Accounting	15,376.	688.	14,344.	344.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	53,275.	45,139.	5,424.	2,712.
14 Information technology	4,506.	4,429.	51.	26.
15 Royalties				
16 Occupancy	26,094.	18,266.	5,219.	2,609.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,225.	69,356.	465.	4,404.
20 Interest				
21 Payments to affiliates	30,980.	22,325.	8,655.	
22 Depreciation, depletion, and amortization	21,839.	15,287.	4,368.	2,184.
23 Insurance	9,261.	6,483.	1,852.	926.
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.)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>472,130.</b>	<b>335,783.</b>	<b>81,834.</b>	<b>54,513.</b>
26 Joint costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	96,393.	1	169,758.
	<b>2</b> Savings and temporary cash investments	590,562.	2	448,699.
	<b>3</b> Pledges and grants receivable, net	37,709.	3	17,900.
	<b>4</b> Accounts receivable, net		4	950.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	85,838.	8	97,593.
	<b>9</b> Prepaid expenses and deferred charges	37,653.	9	42,593.
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b> 801,162.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 448,670.	375,327.	<b>10c</b> 352,492.
	<b>11</b> Investments - publicly traded securities	2,394,271.	11	2,896,782.
	<b>12</b> Investments - other securities See Part IV, line 11		12	
	<b>13</b> Investments - program-related See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		3,617,753.	16	4,026,767.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	65,171.	17	38,515.
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	96,710.	19	92,908.
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25		161,881.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,648,385.	27	1,996,922.
	<b>28</b> Temporarily restricted net assets		28	
	<b>29</b> Permanently restricted net assets	1,807,487.	29	1,898,422.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33</b> Total net assets or fund balances	3,455,872.	33	3,895,344.	
<b>34</b> Total liabilities and net assets/fund balances	3,617,753.	34	4,026,767.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	520,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	472,130.
3	Revenue less expenses Subtract line 2 from line 1	3	47,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,455,872.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	391,542.
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	3,895,344.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 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	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2010)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years.</b> 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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

(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.)

**Section A. Public Support**

Calendar 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 include any "unusual grants.")	227,966.	887,777.	161,857.	150,483.	163,958.	1592041.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	353,668.	268,304.	227,870.	208,008.	192,219.	1250069.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	501,239.	497,299.	442,692.	458,676.	432,008.	2331914.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1082873.	1653380.	832,419.	817,167.	788,185.	5174024.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	30,401.	67,668.	32,650.	24,135.	11,573.	166,427.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	30,401.	67,668.	32,650.	24,135.	11,573.	166,427.
8 Public support (Subtract line 7c from line 6)						5007597.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1082873.	1653380.	832,419.	817,167.	788,185.	5174024.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,581.	206,139.	72,441.	85,552.	65,541.	516,254.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	86,581.	206,139.	72,441.	85,552.	65,541.	516,254.
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.)	1,575.	1,200.	1,325.	299.		4,399.
13 Total support (Add lines 9, 10c, 11, and 12)	1171029.	1860719.	906,185.	903,018.	853,726.	5694677.

14 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 2010 (line 8, column (f) divided by line 13, column (f))	15	87.93 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.74 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	9.07 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	8.25 %

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

b 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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization <b>JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA</b>	Employer identification number <b>94-1603047</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		199.
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		3,404.
i Other activities? If "Yes," describe in Part IV	X		1,399.
j Total. Add lines 1c through 1i			5,002.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

THE ADVOCACY ARM OF THE JUNIOR LEAGUE OF PALO ALTO MID PENINSULA  
CONSISTS OF 2 DELEGATES TO THE STATE PUBLIC AFFAIRS COMMITTEE (SPAC) OF  
THE JUNIOR LEAGUES OF CALIFORNIA. DURING THE FISCAL YEAR THESE  
DELEGATES IN CONJUNCTION WITH DELEGATES FROM ACROSS THE STATE OF  
CALIFORNIA SUPPORTED LEGISLATION RELEVANT TO THE COMMUNITIES AND

Part IV Supplemental Information (continued)

PROGRAMS THAT THE ORGANIZATION SUPPORTS. THE ADVOCACY WORK FOCUSED ON THE FOLLOWING FOUR AREAS - EDUCATION, FAMILY SUPPORT, HEALTH, AND VIOLENCE PREVENTION.

FOR FISCAL YEAR 10-11 THE LEAGUE ADVOCACY FOCUSED ON PERINATAL MOOD & ANXIETY DISORDER INCLUDING ACR 53.

SUPPORT OF THE LEGISLATION INCLUDED:

\* ADVOCACY FOR JLPA-MP'S COMMUNITY PROGRAMS BY TAKING POSITIONS ON LEGISLATION

\* LEVERAGING SUPPORT BY BUILDING COALITIONS WITH OTHER COMMUNITY GROUPS

\* WRITING LETTERS TO STATE AND LOCAL LEGISLATORS

\* IN PERSON MEETINGS AND TELEPHONE CALLS WITH STATE AND LOCAL LEGISLATORS

\* ATTENDING LOCAL, REGIONAL AND STATEWIDE FORUMS TO EDUCATE AND ADVOCATE ON BEHALF OF SPAC

THE JUNIOR LEAGUE OF PALO ALTO IS SUPPORTED BY APPROXIMATELY 274 ACTIVE VOLUNTEERS OF WHICH 2 PARTICIPATE IN SPAC (A TOTAL OF APPROXIMATELY 140 HOURS). THE PERCENTAGE OF VOLUNTEERS THAT PARTICIPATE IN SPAC IS LESS THAN 1% OF THE ORGANIZATION'S TOTAL ACTIVE VOLUNTEERS AND THEREFORE SPAC ACTIVITIES REPRESENT LESS THAN A SUBSTANTIAL PART OF THE ORGANIZATION'S ACTIVITIES.

OTHER LOBBYING EXPENSES OF \$1,399 CONSISTS OF THE PAYMENT OF ANNUAL DUES TO THE STATE PUBLIC AFFAIRS COMMITTEE.

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA**

Employer identification number

**94-1603047**

**Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount 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)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items.
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,569,230.	1,825,915.	1,918,973.		
b Contributions	90,935.	538,309.	529.		
c Net investment earnings, gains, and losses	453,383.	260,670.	<93,587.>		
d Grants or scholarships					
e Other expenditures for facilities and programs	100,580.	55,664.			
f Administrative expenses					
g End of year balance	3,012,968.	2,569,230.	1,825,915.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 36.99 %
- b Permanent endowment ▶ 63.01 %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		621,779.	271,953.	349,826.
d Equipment		179,383.	176,717.	2,666.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>352,492.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	520,060.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	472,130.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,930.
4	Net unrealized gains (losses) on investments	4	391,542.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	391,542.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	439,472.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	911,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	391,542.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	391,542.
3	Subtract line 2e from line 1	3	520,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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 must equal Form 990, Part I, line 12.)	5	520,060.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	472,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	472,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	472,130.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**PART X, LINE 2: INCOME TAXES - JUNIOR LEAGUE OF PALO ALTO - MID**

PENINSULA, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION  
501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER  
SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE. ACCORDINGLY, NO  
PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS.  
IN ADDITION, THE LEAGUE QUALIFIES FOR THE CHARITABLE CONTRIBUTION  
DEDUCTION UNDER SECTION 170(B)(1)(A) OF THE INTERNAL REVENUE CODE AND HAS  
BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

**Part XIV** Supplemental Information (continued)

SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

UNCERTAINTY IN INCOME TAXES - GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE LEAGUE IN THEIR FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE LEAGUE'S FEDERAL RETURNS FOR THE YEARS ENDED MAY 31, 2010, 2009, AND 2008 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE LEAGUE'S STATE RETURNS FOR THE YEARS ENDED MAY 31, 2010, 2009, 2008 AND 2007 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		FINISHING TOUCHES HOME (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	137,814.		137,814.
	2	Less: Charitable contributions	72,369.		72,369.
	3	Gross income (line 1 minus line 2)	65,445.		65,445.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	15,071.		15,071.
	7	Food and beverages	15,622.		15,622.
	8	Entertainment			
	9	Other direct expenses	34,752.		34,752.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 65,445 )
11	Net income summary. Combine line 3, column (d), and line 10			0.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA**

Employer identification number  
**94-1603047**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELP ONE CHILD 858 UNIVERSITY AVE LOS ALTOS, CA 94024	77-0330145	501 (C)(3)	10,000.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED
SHELTER NETWORK 325 VILLA TERRACE SAN MATEO, CA 94401	77-0160469	501 (C)(3)	7,500.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED
BRING ME A BOOK FOUNDATION 1045 TERRA BELLA AVE MOUNTAIN VIEW, CA 94043	77-0481924	501 (C)(3)	17,954.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED
WINGS LEARNING CENTER 411 MIDDLEFIELD RD REDWOOD CITY, CA 94063	94-3385745	501 (C)(3)	5,000.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED
INNVISION 1900 THE ALAMEDA #400 SAN JOSE, CA 95126	77-0033628	501 (C)(3)	5,000.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED
EAST PALO ALTO KIDS FOUNDATION PO BOX 50542 PALO ALTO, CA 94303	77-0359913	501 (C)(3)	5,000.	0.			SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

▶ **6.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: ALL RECIPIENTS OF COMMUNITY GRANTS MUST SUBMIT A WRITTEN EVALUATION TO THE PROJECT DEVELOPMENT COMMITTEE WITHIN ONE YEAR OF RECEIPT OF A GRANT. IT IS THE RESPONSIBILITY OF THE COMMUNITY VICE PRESIDENT TO ENSURE THAT AN EVALUATION HAS BEEN RECEIVED AND FILED.**

**PART II, LINE 1, COLUMN (H):**  
**NAME OF ORGANIZATION OR GOVERNMENT: HELP ONE CHILD**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS**

Part IV Supplemental Information

AREA OF THE LEAGUE

NAME OF ORGANIZATION OR GOVERNMENT: SHELTER NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS

AREA OF THE LEAGUE

NAME OF ORGANIZATION OR GOVERNMENT: BRING ME A BOOK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS

AREA OF THE LEAGUE

NAME OF ORGANIZATION OR GOVERNMENT: WINGS LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS

AREA OF THE LEAGUE

NAME OF ORGANIZATION OR GOVERNMENT: INNVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS

AREA OF THE LEAGUE

NAME OF ORGANIZATION OR GOVERNMENT: EAST PALO ALTO KIDS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SELECTED ORGANIZATION THAT ADDRESSES CRITICAL COMMUNITY NEEDS ALIGNED WITH THE MISSION AND FOCUS

AREA OF THE LEAGUE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA

Employer identification number

94-1603047

**FORM 990, PART VI, SECTION A, LINE 6: CATEGORIES OF MEMBERSHIP**

**A. PROVISIONAL MEMBERSHIP**

1. PROVISIONAL MEMBERS ARE THOSE MEMBERS WHO ARE ENGAGED IN TRAINING ESTABLISHED BY THIS LEAGUE TO PREPARE THEM FOR EFFECTIVE COMMUNITY AND LEAGUE INVOLVEMENT.

2. PROVISIONAL MEMBERS SHALL BE ADMITTED TO ACTIVE MEMBERSHIP UPON THE SUCCESSFUL COMPLETION OF THEIR PROVISIONAL TRAINING AND RATIFICATION BY THE BOARD OF DIRECTORS.

3. PROVISIONAL MEMBERSHIP MAY BE DEFERRED FOR A PERIOD OF 12 MONTHS, UPON APPROVAL BY THE BOARD OF DIRECTORS.

4. PROVISIONAL MEMBERS HAVE RESTRICTED VOTING PRIVILEGES.

5. PROVISIONAL MEMBERS ARE NOT ELIGIBLE TO HOLD OFFICE.

**B. ACTIVE MEMBERSHIP**

1. ACTIVE MEMBERS ARE THOSE MEMBERS WHO HAVE COMPLETED PROVISIONAL TRAINING AND WHO, HAVING BEEN ADMITTED TO ACTIVE MEMBERSHIP, FULFILL ALL OBLIGATIONS OF ACTIVE MEMBERSHIP.

2. ACTIVE MEMBERS, WITH THE EXCEPTION OF THOSE WITH NON-RESIDENT STATUS, ARE ELIGIBLE TO VOTE AND HOLD OFFICE.

3. AN ACTIVE MEMBER MUST COMPLETE ONE PROVISIONAL AND SIX ACTIVE YEARS OF MEMBERSHIP, EXCLUDING LEAVES OF ABSENCE, RESIGNATIONS OR NON-RESIDENT STATUS, BEFORE SHE MAY BECOME A SUSTAINING MEMBER.

4. ONLY A SUSTAINER OR ACTIVE PLUS MEMBER WHO JOINED THE JLPA-MP LEAGUE BEFORE THE 1997-1998 LEAGUE YEAR MAY BECOME A SUSTAINING MEMBER AT THE END OF THE LEAGUE FISCAL YEAR IN WHICH SHE REACHES THE AGE OF 40, PROVIDED SHE HAS SERVED A MINIMUM OF THREE YEARS AS AN ACTIVE MEMBER AND HAS FULFILLED

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA

Employer identification number

94-1603047

HER FUND RAISING AND COMMUNITY PLACEMENT OBLIGATIONS.

### C. ACTIVE PLUS MEMBERSHIP

1. ACTIVE PLUS MEMBERS ARE THOSE MEMBERS WHO HAVE COMPLETED ONE PROVISIONAL AND SIX OR MORE ACTIVE YEARS OF MEMBERSHIP, EXCLUDING LEAVES OF ABSENCE, RESIGNATIONS OR NON-RESIDENT STATUS AND FULFILLED THE FUND RAISING AND COMMUNITY PLACEMENT OBLIGATIONS.

2. ACTIVE PLUS MEMBERS, WITH THE EXCEPTION OF THOSE WITH NON-RESIDENT STATUS, ARE ELIGIBLE TO VOTE AND HOLD OFFICE.

3. AN ACTIVE PLUS MEMBER MAY BECOME A SUSTAINER MEMBER BY NOTIFYING THE SECRETARY IN WRITING BY MARCH 1 FOR THE STATUS CHANGE TO BE EFFECTIVE AT THE BEGINNING OF THE NEXT LEAGUE YEAR.

### D. SUSTAINING MEMBERSHIP

1. SUSTAINING MEMBERS ARE THOSE MEMBERS WHO HAVE FULFILLED THE PLACEMENT REQUIREMENTS AND ONE PROVISIONAL AND SIX ACTIVE YEARS OF MEMBERSHIP, EXCLUDING LEAVES OF ABSENCE, RESIGNATION OR NONRESIDENT STATUS.

2. EMERITUS STATUS MAY BE GRANTED, UPON REQUEST, TO ANY SUSTAINING MEMBER WHO HAS REACHED THE AGE OF 80.

3. A SUSTAINING MEMBER IN GOOD STANDING OF THIS LEAGUE SHALL BE ELIGIBLE FOR THE POSITION OF SUSTAINER DIRECTOR ON THE BOARD OF DIRECTORS.

4. SUSTAINING MEMBERS SHALL HAVE ALL THE PRIVILEGES OF MEMBERSHIP EXCEPT THAT THEY MAY NOT VOTE OR HOLD OFFICE, WITH THE EXCEPTION OF THE MEMBER WHO SHALL HOLD THE POSITION OF SUSTAINER DIRECTOR.

5. A SUSTAINING MEMBER MAY BE RECLASSIFIED AS AN ACTIVE OR ACTIVE PLUS MEMBER BY REQUESTING IN WRITING TO THE SECRETARY BY MARCH 1 FOR THE STATUS CHANGE TO BE EFFECTIVE AT THE BEGINNING OF THE NEXT LEAGUE YEAR.

Name of the organization

JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA

Employer identification number

94-1603047

**E. HONORARY MEMBERSHIP**

1. HONORARY MEMBERSHIP MAY BE CONFERRED UPON A LIMITED NUMBER OF INDIVIDUALS IN HONOR OF SUSTAINED SERVICE TO THE JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA, INC. OR TO THE COMMUNITY. UPON RECOMMENDATION OF THE BOARD OF DIRECTORS, AN INDIVIDUAL SHALL BE ELECTED TO HONORARY MEMBERSHIP BY A 2/3 VOTE OF THE MEMBERSHIP. THERE SHALL BE NO AGE RESTRICTIONS FOR HONORARY MEMBERS.

2. AN HONORARY MEMBER MAY ATTEND ALL LOCAL ACTIVITIES OF THIS LEAGUE, BUT MAY NOT VOTE, HOLD OFFICE OR BE ELIGIBLE FOR THE PRIVILEGES OF MEMBERSHIP.

3. AN HONORARY MEMBER SHALL HAVE NONE OF THE OBLIGATIONS OF MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A: NOMINATION OF DIRECTORS:

A. THE NOMINATING COMMITTEE SHALL PRESENT A SINGLE SLATE OF CANDIDATES FOR THE POSITIONS TO BE FILLED. THE SLATE SHALL BE SENT TO EACH VOTING MEMBER OF THIS LEAGUE.

B. INDEPENDENT NOMINATIONS MAY BE MADE IN WRITING BY 5% OF THE ACTIVE OR ACTIVE PLUS MEMBERSHIP AS OF MAY 1 OF THE YEAR OF THE CHALLENGE. SUCH NOMINATIONS MUST BE RECEIVED BY THE NOMINATING COMMITTEE, WITH A WRITTEN ACCEPTANCE BY THE NOMINEE, AT LEAST 15 DAYS PRIOR TO THE ELECTION MEETING AND SHALL BE INCLUDED WITH THE NOMINATING COMMITTEE'S SLATE AT THE ELECTION MEETING.

ELECTION:

DIRECTORS SHALL BE ELECTED BY BALLOT AT A GENERAL MEETING OF THE MEMBERSHIP, PRIOR TO THE ANNUAL MEETING. WHERE THERE IS ONLY ONE CANDIDATE FOR AN OFFICE, ELECTION MAY BE BY VOICE VOTE. DIRECTORS SHALL BE ELECTED FOR A TERM OF ONE YEAR, AND SHALL NOT SERVE IN THE SAME OFFICE FOR MORE

Name of the organization

JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA

Employer identification number

94-1603047

THAN TWO CONSECUTIVE YEARS. DIRECTORS SHALL ASSUME THEIR DUTIES EFFECTIVE THE FIRST DAY OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY APPROVED BY MEMBERS:

A 2/3 AFFIRMATIVE VOTE OF THE VOTES CAST SHALL BE REQUIRED TO RATIFY PROJECTS, FUNDRAISERS, FUNDRAISER MEMBERSHIP OBLIGATIONS, POSITION STATEMENTS, FOCUS AREAS, AND BYLAWS AMENDMENTS. A SIMPLE MAJORITY OF VOTES CAST SHALL DECIDE ALL OTHER QUESTIONS WITH THE EXCEPTION OF THE SLATE TO ELECT THE NOMINATING COMMITTEE MEMBERS WHEREIN A PLURALITY VOTE ELECTS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED FOR ACCURACY AND COMPLETENESS BY THE FINANCE COUNCIL AND THEN PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. ANY QUESTIONS ARISING DURING THIS REVIEW PROCESS ARE RESOLVED PRIOR TO FILING OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE BOARD OF DIRECTORS AND THE PROJECT DEVELOPMENT COMMITTEE EACH YEAR AND AGAIN AT THE POINT WHERE AN ACTUAL ITEM UNDER DISCUSSION HAS A CONFLICT. THE MEMBER AFFECTED ABSTAINS FROM ANY RELATED VOTE AND LEAVES THE ROOM WHILE THE VOTE TAKES PLACE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA

Employer identification number

94-1603047

NET UNREALIZED GAINS ON INVESTMENTS:

391,542.

THE LEAGUE HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE ANNUAL AUDIT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number	
	<b>JUNIOR LEAGUE OF PALO ALTO-MID PENINSULA</b>	<b>94-1603047</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>555 RAVENSWOOD AVENUE</b>	<b>MENLO PARK, CA 94025</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990			
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**PENNY THOMPSON**

• The books are in the care of **555 RAVENSWOOD AVENUE - MENLO PARK, CA 94025**

Telephone No. **(650) 321-5026**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **APRIL 15, 2012**

5 For calendar year , or other tax year beginning **JUN 1, 2010**, and ending **MAY 31, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return

Change in accounting period

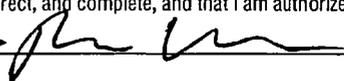
7 State in detail why you need the extension

**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title **CPA**

Date **1/9/12**