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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE JUNIOR LEAGUE OF INDIANAPOLIS IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING THE COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS ITS PURPOSE IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 376,370 including grants of \$ 199,869 ) (Revenue \$ 5,956 )

JUNIOR LEAGUE OF INDIANAPOLIS ("JLI") PARTNERS WITH OTHER CHARITABLE ORGANIZATIONS THAT SERVE A CONSTITUENCY IN MARION AND SURROUNDING COUNTIES IN INDIANA AND THAT OFFER PROGRAMS THAT COMPLEMENT JLI'S MISSION OR FALLS WITHIN JLI'S FOCUS ON HEALTH AND EDUCATION OF CHILDREN AND THEIR FAMILIES JLI SUPPORTS THREE TO FIVE COMMUNITY PROJECTS ANNUALLY, AND PROVIDES BOTH FUNDING AND TRAINED VOLUNTEERS TO THE PARTNERING ORGANIZATION DURING THE 2013 FISCAL YEAR, VOLUNTEERS CONTRIBUTED APPROXIMATELY 11,000 HOURS OF SERVICE TO JLI ACTIVITIES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )








(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 376,370

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)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
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? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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> . . . . .	22		No
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> . . . . .	23		No
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> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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> . . . .	35b		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> . . . . .	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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.	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c		Yes	
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.	1	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

Check if Schedule 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Nicole McCulloch 8425 Woodfield Crossing Blvd Indianapolis, IN (317) 925-4600

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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) AMY OLSON MILLER TRAINING & PERSONAL DEVELOPMENT VP	5.00	X		X				0	0	0
(2) ANNE BUSKIRK MARKETING VICE PRESIDENT	5.00	X		X				0	0	0
(3) JULIE ROWLAS PRESIDENT	20.00	X		X				0	0	0
(4) KENDRA RAY STEWART MEMBERSHIP VICE PRESIDENT	5.00	X		X				0	0	0
(5) MICA WILSON SECRETARY	5.00	X		X				0	0	0
(6) MICHELLE STUDY-CAMPBELL FINANCIAL DEVELOPMENT VICE PRESIDENT	5.00	X		X				0	0	0
(7) NICOLE MCCULLOCH PRESIDENT - ELECT	10.00	X		X				0	0	0
(8) SHIVIKA JAIN TREASURER	20.00	X		X				0	0	0
(9) VALERIE KNOLL COMMUNITY VICE PRESIDENT	5.00	X		X				0	0	0
(10) DEBORAH GORIN BOARD MEMBER	5.00	X						0	0	0
(11) JUDY CHRISTOFOLIS BOARD MEMBER	5.00	X						0	0	0
(12) MEGAN EVANS BOARD MEMBER	5.00	X						0	0	0
(13) MELISSA ETZLER BOARD MEMBER	5.00	X						0	0	0
(14) STACY PAYNE MILLER BOARD MEMBER	5.00	X						0	0	0



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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				
1b	Sub-Total . . . . .										
c	Total from continuation sheets to Part VII, Section A . . . . .										
d	Total (add lines 1b and 1c) . . . . .								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

				(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	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	81,723			
	c	Fundraising events . . . . .	1c	39,120			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,923			
	g	Noncash contributions included in lines 1a-1f \$		12,090			
	h	Total. Add lines 1a-1f . . . . .			147,766		
Program Service Revenue	2a		Business Code		0		
	b				0		
	c				0		
	d				0		
	e				0		
	f	All other program service revenue			0	0	0
	g	Total. Add lines 2a-2f . . . . .			0		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		221,087		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss) . . . . .		0		
7a		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses	3,594,847			
		c	Gain or (loss)	36,355	0		
		d	Net gain or (loss) . . . . .		36,355		
8a		Gross income from fundraising events (not including \$ 39,120 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a		408,370			
		b	Less direct expenses . . . . .	b	157,555		
		c	Net income or (loss) from fundraising events . .		250,815		
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
		a					
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from gaming activities . .		0		
10a		Gross sales of inventory, less returns and allowances . . . . .					
	a						
	b	Less cost of goods sold . . . . .	b				
	c	Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue		Business Code					
11a	ANNUAL MEETING	900099	1,740	1,740			
b	OTHER INCOME	900099	4,216	4,216			
c			0				
d	All other revenue . . . . .		0	0	0	0	
e	Total. Add lines 11a-11d . . . . .			5,956			
12	Total revenue. See Instructions . . . . .			661,979	5,956	0	508,257

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).

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

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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 United States. See Part IV, line 21.	199,869	199,869		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	44,141	17,657	26,484	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	4,114	1,646	2,468	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	21,800		21,800	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	28,337		28,337	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,128	7,251	10,877	0
12	Advertising and promotion.	6,086	2,434	3,652	
13	Office expenses.	27,316	10,899	16,417	
14	Information technology.	2,295	918	1,377	
15	Royalties.	0			
16	Occupancy.	68,958	27,583	41,375	
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	46,948	18,779	28,169	
20	Interest.	0			
21	Payments to affiliates.	30,632	21,442	9,190	
22	Depreciation, depletion, and amortization.	30,009	12,031	17,978	
23	Insurance.	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	EDUCATION AND TRAINING	47,687	47,687		
b	PUBLICATIONS	12,260	4,904	7,356	
c	GIFTS AND RECOGNITIONS	5,831	2,332	3,499	
d	OTHER EXPENSES	2,343	938	1,405	
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	596,754	376,370	220,384	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			120	1	120
	2	Savings and temporary cash investments . . . . .			519,532	2	399,041
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			2,020	4	3,605
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	0
	6	Loans and other 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) Complete Part II of Schedule L . . . . .				6	0
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			13,782	9	11,212
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	334,706			
	b	Less accumulated depreciation . . . . .	10b	239,222	124,256	10c	95,484
	11	Investments—publicly traded securities . . . . .			5,937,547	11	7,052,840
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			6,597,257	16	7,562,302	
Liabilities	17	Accounts payable and accrued expenses . . . . .			41,369	17	26,406
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			81,695	19	86,620
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			0	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			123,064	26	113,026
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			5,912,335	27	6,847,253
	28	Temporarily restricted net assets . . . . .				28	19,478
	29	Permanently restricted net assets . . . . .			561,858	29	582,545
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			6,474,193	33	7,449,276
	34	Total liabilities and net assets/fund balances . . . . .			6,597,257	34	7,562,302

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	661,979
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,754
3	Revenue less expenses Subtract line 2 from line 1	3	65,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,474,193
5	Net unrealized gains (losses) on investments	5	909,858
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,449,276

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	Yes	
2c	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	Yes	
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?		No
3b	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		

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JUNIOR LEAGUE OF INDIANAPOLIS INC

Employer identification number  
35-6107083

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. 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						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	237,056	165,509	130,733	668,636	147,766	1,349,700
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			7,707			7,707
3 Gross receipts from activities that are not an unrelated trade or business under section 513	488,572	472,593	446,142	418,825	408,370	2,234,502
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	725,628	638,102	584,582	1,087,461	556,136	3,591,909
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						3,591,909

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	725,628	638,102	584,582	1,087,461	556,136	3,591,909
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,189	60,926	209,013	170,736	221,087	760,951
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	99,189	60,926	209,013	170,736	221,087	760,951
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,513	12,770	0	10,447	5,956	35,686
13 Total support. (Add lines 9, 10c, 11, and 12.)	831,330	711,798	793,595	1,268,644	783,179	4,388,546
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	81.840 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	85.060 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	17.340 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	13.890 %
19a 33 1/3% support tests—2012. 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—2011. 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 ▶▶		



**Part IV**    **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - OTHER INCOME, COLUMN A - 6513, COLUMN B - 12770, COLUMN C - , COLUMN D - 10447, COLUMN E - 5956, COLUMN F - 35686,,

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
JUNIOR LEAGUE OF INDIANAPOLIS INC

Employer identification number  
35-6107083

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ \_\_\_\_\_

8

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

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 XIII, the text of the footnote to its financial statements that describes these items

b

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

▶\$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII
- 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII 

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	5,604,066	5,340,925	2,452,144	1,918,427	2,356,645
b Contributions . . . . .	22,280	564,501	2,022,577	6,077	81,720
c Net investment earnings, gains, and losses	1,089,580	-273,702	886,642	554,248	-496,596
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	29,017	27,658			
f Administrative expenses . . . . .			20,438	26,608	23,342
g End of year balance . . . . .	6,686,909	5,604,066	5,340,925	2,452,144	1,918,427

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 90 990 %

b Permanent endowment ▶ 8 720 %

c Temporarily restricted endowment ▶ 0 290 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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)		No
3a(ii)		No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 

☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				0
b Buildings . . . . .				0
c Leasehold improvements . . . . .		71,241	40,709	30,532
d Equipment . . . . .		77,730	45,703	32,027
e Other . . . . .		185,735	152,810	32,925
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				95,484



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements . . . . .			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments . . . . .	2a			
b	Donated services and use of facilities . . . . .	2b			
c	Recoveries of prior year grants . . . . .	2c			
d	Other (Describe in Part XIII ) . . . . .	2d			
e	Add lines 2a through 2d . . . . .			2e	
3	Subtract line 2e from line 1 . . . . .			3	
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 XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements . . . . .			1	
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 XIII ) . . . . .	2d			
e	Add lines 2a through 2d . . . . .			2e	
3	Subtract line 2e from line 1 . . . . .			3	
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 XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .			5	

Part XIII Supplemental Information
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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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	A BOARD-DESIGNATED ENDOWMENT EXISTS TO PROVIDE LONG-TERM FINANCIAL RESERVES TO ASSURE THE LONGEVITY OF THE JUNIOR LEAGUE OF INDIANAPOLIS INCOME FROM THE ENDOWMENT CAN BE DISBURSED TO SUPPORT LEAGUE OPERATIONS, AS NEEDED, IN ACCORDANCE WITH THE ESTABLISHED SPENDING POLICIES OF THE ENDOWMENT SEPARATELY, THE ENDOWED ASSETS INCLUDE THE JUNIOR LEAGUE TRUST FUND, WHICH WAS ESTABLISHED TO ALLOW GRANT AWARDS TO BE MADE TO AID EDUCATIONAL AND CHARITABLE WORK FOR CHILDREN WITH DISABILITIES IN MARION COUNTY, INDIANA THE TRUST FUND INCLUDES TWO MEMORIAL FUNDS THE ANNE COLLETT HENSLEY MEMORIAL FUND REPRESENTS RESOURCES DONATED WITH THE UNDERSTANDING THAT THE ASSETS WILL BE INVESTED TO ALLOW GRANT AWARDS TO BE MADE TO THE JAMES WHITCOMB RILEY HOSPITAL TO BENEFIT A CANCER PATIENT UNDER THE AGE OF TWELVE THE EMILY KATHRYN GILROY MEMORIAL FUND REPRESENTS RESOURCES DONATED WITH THE UNDERSTANDING THAT THE ASSETS WILL BE INVESTED TO ALLOW GRANT AWARDS TO BE MADE TO PROVIDE EMERGENCY ASSISTANCE TO FAMILIES BEING CARED FOR AT THE JAMES WHITCOMB RILEY HOSPITAL FOR EXPENSES NOT COVERED BY OTHER AGENCIES OR PROGRAMS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE LEAGUE IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES THE LEAGUE HAS ADOPTED ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS GUIDANCE REQUIRES THE LEAGUE TO RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED THE LEAGUE HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT LIABILITIES OR QUESTIONABLE TAX POSITIONS THE LEAGUE IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITY FOR YEARS BEFORE 2010 THE LEAGUE DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE LEAGUE RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE LEAGUE DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT MAY 31, 2013 OR 2012

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
JUNIOR LEAGUE OF INDIANAPOLIS INC

Employer identification number  
35-6107083

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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
		HOLIDAY MART (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	447,490		447,490
	2	Less Contributions . . .	39,120		39,120
	3	Gross income (line 1 minus line 2) . . . .	408,370	0	408,370
Direct Expenses	4	Cash prizes . . . .			0
	5	Noncash prizes . . .			0
	6	Rent/facility costs . . .	40,383		40,383
	7	Food and beverages .	16,066		16,066
	8	Entertainment . . . .			0
	9	Other direct expenses .	101,106		101,106
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					250,815

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))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	Yes No	Yes No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

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

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JUNIOR LEAGUE OF INDIANAPOLIS INC

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

2012

Open to Public  
Inspection

Employer identification number  
35-6107083

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

18

3

Enter total number of other organizations listed in the line 1 table . . . . .

0

**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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	LETTERS ARE SENT TO THE GRANT RECIPIENTS TO NOTIFY THAT BY ACCEPTING THE GRANT, THEIR ORGANIZATION IS AGREEING TO SUBMIT A MID-YEAR AND FINAL GRANT SUMMARY REPORT REPORT TEMPLATES AND DEADLINES ARE PROVIDED THE COMPLETED REPORTS MUST BE RECEIVED PRIOR TO CONSIDERATION OF ANY FUTURE FUNDING FROM THE JLI RECIPIENTS ARE ALSO ASKED TO INFORM THE JLI OF ANY MODIFICATIONS TO THE INITIATIVES OUTLINED IN THEIR GRANT REQUEST ANY UNUSED FUNDS SHOULD BE RETURNED TO THE JUNIOR LEAGUE OF INDIANAPOLIS AT THE CONCLUSION OF THE FUNDED PROGRAM

Software ID: 12000266

Software Version: v2012.1.0

EIN: 35-6107083

Name: JUNIOR LEAGUE OF INDIANAPOLIS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION2450 NORTH MERIDIAN ST PO BOX 6134 INDIANAPOLIS,IN 46206	23-7016089	501(C)(3)	10,000	0	N/A	N/A	BOOKS IN BAGS PROGRAM
TEACHERS' TREASURES 1800 EAST 10TH ST INDIANAPOLIS,IN 46201	35-2100375	501(C)(3)	10,000	0	N/A	N/A	SCHOOL SUPPLY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ART WITH A HEART2605 EAST 25TH STREET SUITE 301 INDIANAPOLIS,IN 46218	02-0570317	501(C)(3)	10,000	0	N/A	N/A	YOUTH DEVELOPMENT
UNITED WAY OF CENTRAL INDIANA3901 N MERIDIAN ST INDIANAPOLIS,IN 46208	35-1007590	501(C)(3)	10,000	0	N/A	N/A	SPECIALIST FOR READUP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
IVY TECH FOUNDATION INC (IVY TECH COMMUNITY COLLEGE - CENTRAL IN)50 WEST FALL CREEK PARKWAY NORTH DR INDIANAPOLIS,IN 46208	23-7073977	501(C)(3)	9,750	0	N/A	N/A	EDUCATIONAL PROGRAM
THE CHILDREN'S MUSEUM OF INDIANAPOLIS3000 N MERIDIAN ST INDIANAPOLIS,IN 46208	35-0867985	501(C)(3)	8,000	0	N/A	N/A	SUMMER CAMP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE CHALLENGE FOUNDATION ACADEMY 3980 MEADOWS DRIVE INDIANAPOLIS,IN 46205	13-4289579	501(C)(3)	7,500	0	N/A	N/A	FAMILY LITERACY PROGRAM
CARMEL CLAY PUBLIC LIBRARY FOUNDATION55 4TH AVE SE CARMEL,IN 46032	35-1787253	501(C)(3)	5,000	0	N/A	N/A	EDUCATIONAL LITERACY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JOHN H BONER COMMUNITY CENTER2236 EAST 10TH ST INDIANAPOLIS,IN 46201	23-7204495	501(C)(3)	5,000	0	N/A	N/A	SERVICES & PROGRAMS
DYSLEXIA INSTITUTE OF INDIANA8395 KEYSTONE CROSSING SUITE 102 INDIANAPOLIS,IN 46240	35-1780312	501(C)(3)	5,000	0	N/A	N/A	YOUTH SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHRISTEL HOUSE ACADEMY2717 S EAST STREET INDIANAPOLIS,IN 46225	02-0550824	501(C)(3)	5,000	0	N/A	N/A	SERVICES & PRO GRAMS
SHEPHERD COMMUNITY INC4107 EAST WASHINGTON ST INDIANAPOLIS,IN 46201	35-1765846	501(C)(3)	5,000	0	N/A	N/A	SERVICES & PRO GRAMS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASSISTANCE LEAGUE OF INDIANAPOLIS1475 WEST 86TH ST SUITE E INDIANAPOLIS,IN 46260	35-1635410	501(C)(3)	5,000	0	N/A	N/A	SERVICES & PRO GRAMS
GIRLS INC OF GREATER INDIANAPOLIS3935 N MERIDIAN STREET INDIANAPOLIS,IN 46208	35-1337205	501(C)(3)	15,000	0	N/A	N/A	SERVICES & PRO GRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SCHOOL ON WHEELS2815 E 62ND STREET STE 200 INDIANAPOLIS,IN 46220	35-2151003	501(C)(3)	15,000	0	N/A	N/A	SERVICES & PROGRAMS
HAPPY HOLLOW CHILDREN'S CAMP INC615 N ALABAMA ST SUITE 228 INDIANAPOLIS,IN 46204	35-0942648	501(C)(3)	11,650	0	N/A	N/A	SERVICES & PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GREATER INDIANAPOLIS LITERACY LEAGUE2450 NORTH MERIDIAN ST INDIANAPOLIS,IN 46208	31-1227489	501(C)(3)	16,220	0	N/A	N/A	SERVICES & PROGRAMS
DAY NURSERY ASSOCIATION OF INDIANAPOLIS615 N ALABAMA STREET SUITE 300 INDIANAPOLIS,IN 46208	35-1337205	501(C)(3)	10,350	0	N/A	N/A	PRESCHOOL LITERACY PROJECT

2012

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

JUNIOR LEAGUE OF INDIANAPOLIS INC

Employer identification number

35-6107083

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	MICHELLE STUDY-CAMPBELL, STACY PAYNE MILLER AND MICA WILSON, EACH WITH EACH OF THE OTHER - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE CLASSES OF MEMBERSHIP ARE AS FOLLOWS A PROVISIONAL PROVISIONAL MEMBERS ARE THOSE WHO ARE ENGAGED IN TRAINING ESTABLISHED BY THIS JUNIOR LEAGUE TO PREPARE THEM FOR EFFECTIVE COMMUNITY AND LEAGUE INVOLVEMENT THEY ARE NOT ELIGIBLE TO VOTE OR HOLD OFFICE PROVISIONAL MEMBERS SHALL BE REQUIRED TO COMPLETE A PROVISIONAL COURSE B ACTIVE 1 ACTIVE MEMBERS ARE THOSE WHO HAVE COMPLETED PROVISIONAL TRAINING AND JUSTIFY ACTIVE MEMBERSHIP BY DEMONSTRATING VOLUNTEER SERVICE TO THE COMMUNITY AND THE LEAGUE, WHILE FULFILLING THE MEMBERSHIP REQUIREMENTS OF THIS LEAGUE 2 THERE SHALL BE NO AGE LIMIT FOR ACTIVE MEMBERSHIP 3 EACH ACTIVE MEMBER IN GOOD STANDING SHALL HAVE ONE VOTE ON QUESTIONS COMING BEFORE THE MEMBERSHIP C SUSTAINING SUSTAINING MEMBERS ARE THOSE WHO HAVE BEEN GRANTED SUSTAINING STATUS, WHO HAVE FULFILLED THE ACTIVE MEMBERSHIP REQUIREMENTS OF THIS LEAGUE AND WHO CONTINUE TO SUPPORT THE LEAGUE AND COMMUNITY D HONORARY HONORARY MEMBERS ARE THOSE WHO, WHETHER BECAUSE OF THEIR SERVICE TO THIS LEAGUE OR TO THEIR COMMUNITY HAVE BEEN GRANTED HONORARY MEMBERSHIP IN THIS LEAGUE BY THE BOARD OF DIRECTORS HONORARY MEMBERS SHALL BE ENTITLED TO ALL PRIVILEGES OF MEMBERSHIP EXCEPT THAT THEY MAY NOT PROPOSE OR ENDORSE PROSPECTIVE MEMBERS (EXCEPT THOSE HONORARY MEMBERS WHO WERE ONCE ACTIVES), HOLD OFFICE, VOTE, OR TRANSFER HONORARY MEMBERSHIP TO ANOTHER LEAGUE ANY CHARGES OR DUES PAYABLE TO THE ASSOCIATION ON ACCOUNT OF SUCH HONORARY MEMBERSHIPS SHALL BE PAID IN FULL BY THIS LEAGUE

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE NOMINATING COMMITTEE SHALL PRESENT A SLATE OF ONE CANDIDATE FOR EACH OF THE FOLLOWING OFFICES PRESIDENT ELECT, COMMUNITY VICE PRESIDENT ELECT, FINANCIAL DEVELOPMENT VICE PRESIDENT ELECT, MARKETING VICE PRESIDENT ELECT, MEMBERSHIP VICE PRESIDENT ELECT, TRAINING AND PERSONAL DEVELOPMENT VICE PRESIDENT ELECT, SECRETARY, AND TREASURER ELECT ADDITIONAL NOMINATIONS FOR ANY SLATED POSITION MAY BE MADE IN WRITING BY 10% OF THE ACTIVE MEMBERS WITH THE WRITTEN CONSENT OF THE NOMINEE THEY SHALL BE RECEIVED BY THE NOMINATING CHAIR AT LEAST TWO WEEKS PRIOR TO THE ELECTION MEETING HELD IN APRIL AND SHALL BE MAILED BY HER TO EACH ACTIVE MEMBER AT LEAST ONE WEEK PRIOR TO THAT MEETING THEY SHALL BE PRESENTED WITH THE SLATE AT THAT MEETING THE SLATE PRESENTED BY THE NOMINATING COMMITTEE SHALL BE VOTED UPON BY THE ACTIVE MEMBERS AT THE ELECTION MEETING HELD IN APRIL ALL POSITIONS WERE SLATED DURING THE FILING PERIOD, HOWEVER THE BYLAWS WERE AMENDED FEBRUARY 2014 TO SEGREGATE MANAGEMENT AND GOVERNANCE FUNCTIONS THEREFORE SLATED POSITIONS WILL DIFFER IN FUTURE YEARS

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	BYLAWS MAY BE AMENDED BY A TWO-THIRDS AFFIRMATIVE VOTE OF THE ACTIVE MEMBERS PRESENT AND VOTING AT ANY MEETING OF THIS LEAGUE, PROVIDED THE PROPOSED AMENDMENT SHALL HAVE BEEN MAILED TO EACH ACTIVE MEMBER AT HER ADDRESS APPEARING ON THE RECORDS OF THE LEAGUE AT LEAST TWO WEEKS PRIOR TO THE MEETING. NOTWITHSTANDING, THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO AMEND THE BYLAWS TO MAKE ANY CHANGE (A) REQUIRED BY THE ASSOCIATION, OR (B) THAT THE BOARD DEEMS NECESSARY OR REQUIRED TO COMPLY WITH AN AMENDMENT TO THE INDIANA NOT FOR PROFIT CORPORATION ACT OF 1971 OR ITS SUCCESSOR NONPROFIT CORPORATION STATUTE. SUCH AMENDMENTS SHALL BE REPORTED TO THE MEMBERSHIP, BUT SHALL NOT REQUIRE MEMBERSHIP APPROVAL.

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FISCAL YEAR 2014 TREASURER AND PRESIDENT REVIEWED THE FORM 990 IN DETAIL PRIOR TO FILING WITH THE IRS. ADDITIONALLY, A COPY WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS. THE FINAL DRAFT WAS APPROVED AT THE ORGANIZATION'S MARCH 3, 2014 BOARD MEETING AND DOCUMENTED IN THE MINUTES OF THE ORGANIZATION.



Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE POLICY IS APPLICABLE TO ALL BOARD MEMBERS AND MEMBERS WITH DELEGATED AUTHORITY IF A BOARD MEMBER HAS A CONFLICT OF INTEREST, SHE MUST ABSTAIN FROM VOTING ON THAT MATTER ADDITIONALLY, A MEMBER MAY NOT INFLUENCE THE VOTE WHERE A CONFLICT EXISTS ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS OR COMMITTEE CONSIDERING A PROPOSED CONTRACT OR TRANSACTION THIS DISCLOSURE MUST INCLUDE THE EXISTENCE AND NATURE OF THE MEMBER'S FINANCIAL AND/OR PERSONAL INTEREST COMPLIANCE IS MONITORED ANNUALLY AT THE BEGINNING OF THE BOARD SERVICE YEAR

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15A	THE ORGANIZATION IS RUN BY VOLUNTEERS AND BOARD MEMBERS. THERE IS ONE ADMINISTRATIVE EMPLOYEE WHO PROVIDES SUPPORT FOR THE ORGANIZATION, BUT THIS EMPLOYEE IS NOT A DIRECTOR, OFFICER OR KEY EMPLOYEE. THEREFORE, THIS QUESTION HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH THE FORM INSTRUCTIONS.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15B	THE ORGANIZATION IS RUN BY VOLUNTEERS AND BOARD MEMBERS. THERE IS ONE ADMINISTRATIVE EMPLOYEE WHO PROVIDES SUPPORT FOR THE ORGANIZATION, BUT THIS EMPLOYEE IS NOT A DIRECTOR, OFFICER OR KEY EMPLOYEE. THEREFORE, THIS QUESTION HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH THE FORM INSTRUCTIONS.

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICES