



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



2012

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

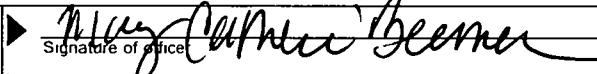
Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 6/01		, 2012, and ending 5/31		, 2013	
B Check if applicable		C THE JUNIOR LEAGUE OF NASHVILLE, INC. 2202 CRESTMOOR RD. NASHVILLE, TN 37215		D Employer Identification Number 62-0476815	
Address change Name change Initial return Terminated Amended return Application pending				E Telephone number (615) 269-9393	
				F Name and address of principal officer. MARY CATHERINE BEEMER SAME AS C ABOVE	
I Tax-exempt status X 501(c)(3)		501(c) () (insert no.)		4947(a)(1) or 527	
J Website: ► WWW.JLNASHVILLE.ORG				H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization X Corporation		Trust Association		L Year of Formation 1922 M State of legal domicile TN	

Part II Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE JUNIOR LEAGUE OF NASHVILLE IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING THE COMMUNITY THROUGH EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
Expenses	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 0
	8 Contributions and grants (Part VIII, line 1h) 484,597
	9 Program service revenue (Part VIII, line 2g) 519,122
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 142,992
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,955
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 667,544
	Prior Year Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,778,422
	14 Benefits paid to or for members (Part IX, column (A), line 4) 176,561
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 143,260
	16a Professional fundraising fees (Part IX, column (A), line 11e) 145,880
	b Total fundraising expenses (Part IX, column (D), line 25) 42,068
	17 Other expenses (Part IX, column (A), lines 11a-11d, 14-24e) 432,263
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,353,945
	19 Revenue less expenses Subtract line 18 from line 12 -1,686,401
	Beginning of Current Year 13,193,717
	End of Year 15,349,145
	20 Total assets (Part X, line 16) 1,815,754
	21 Total liabilities (Part X, line 26) 1,459,773
22 Net assets or fund balances. Subtract line 21 from line 20 11,377,963	
RECEIVED MAY 6 2014 SUSAN J. IRVING PRESIDENT-ELECT	13,889,372

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

Sign Here	► 	Date 2/18/14			
	► MARY CATHERINE BEEMER Type or print name and title	PRESIDENT-ELECT			
Paid Preparer Use Only	Print/Type preparer's name SARA G. MOON	Preparer's signature Sara G. Moon, CPA	Date 2/11/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00034774
	Firm's name ► FRASIER, DEAN & HOWARD, PLLC	Firm's EIN ► 62-1073578			
	Firm's address ► 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203				

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

97

18

Part II 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? Yes No

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?... Yes X No

If 'Yes,' describe these changes on Schedule O.

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 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 \$ 670,884 including grants of \$ 176,561) (Revenue \$)

TRAINING WOMEN FOR VOLUNTEER LEADERSHIP, PROVIDING VOLUNTEER SERVICES AND COMMUNITY PROGRAM SUPPORT. THE JUNIOR LEAGUE OF NASHVILLE CONTRIBUTES AN AVERAGE OF 70,000 VOLUNTEER HOURS ANNUALLY AS WELL AS PROVIDING FINANCIAL SUPPORT IN EXCESS OF \$567,000 IN COMMUNITY GIFTS THIS FISCAL YEAR.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

4 e Total program service expenses ► 670,884.

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.....	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3	X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	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? If 'Yes,' complete Schedule C, Part III	5	X
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	6	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? If 'Yes,' complete Schedule D, Part II.....	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	8	X
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.....	9	X
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	10	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? If 'Yes,' complete Schedule D, Part VI.....	11a	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? If 'Yes,' complete Schedule D, Part VII	11b	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? If 'Yes,' complete Schedule D, Part VIII	11c	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? If 'Yes,' complete Schedule D, Part IX.....	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11e	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)? If 'Yes,' complete Schedule D, Part X.....	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X
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.....	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	14b	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? If 'Yes,' complete Schedule F, Parts II and IV	15	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? If 'Yes,' complete Schedule F, Parts III and IV	16	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? If 'Yes,' complete Schedule G, Part I (see instructions)	17	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? If 'Yes,' complete Schedule G, Part II	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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? If 'Yes,' complete Schedule I, Parts I and II.	21	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? If 'Yes,' complete Schedule I, Parts I and III	22	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? If 'Yes,' complete Schedule J.	23	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	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? If 'Yes,' complete Schedule L, Part I.	25b	X
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? If 'Yes,' complete Schedule L, Part II	26	X
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? If 'Yes,' complete Schedule L, Part III	27	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? If 'Yes,' complete Schedule L, Part IV.	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b	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? If 'Yes,' complete Schedule L, Part IV.	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	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? If 'Yes,' complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	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? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	14	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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	2 a	3	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a	X	
b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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 as charitable contributions?	6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O			
b 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	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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
1 a	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	13	
1 b	Enter the number of voting members included in line 1a, above, who are independent . . .	13	
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? <input checked="" type="checkbox"/> SEE SCHEDULE O	2	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? . . .	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5	X
6	Did the organization have members or stockholders? . . .	6	X
7 a	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? <input checked="" type="checkbox"/> SEE SCHEDULE O	7 a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . <input checked="" type="checkbox"/> SEE SCH. O	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . .	8 a	X
b	Each committee with authority to act on behalf of the governing body? . . .	8 b	X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . .	9	X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? . . .	10 a	X
b	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? . . .	10 b	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11 a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <input checked="" type="checkbox"/> SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . .	12 a	X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12 b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . <input checked="" type="checkbox"/> SEE SCHEDULE O	12 c	X
13	Did the organization have a written whistleblower policy? . . .	13	X
14	Did the organization have a written document retention and destruction policy? . . .	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 <input checked="" type="checkbox"/> SEE SCHEDULE O	15 a	X
b	Other officers of key employees of the organization <input checked="" type="checkbox"/> SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	15 b	X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16 a	X
b	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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16 b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	TN
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 checked="" type="checkbox"/> Own website	<input checked="" 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. <input checked="" type="checkbox"/> SEE SCHEDULE O	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	► AMY SMOTHERMAN 2202 CRESTMOOR ROAD NASHVILLE TN 37215 (615) 269-9393	

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions 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
		Former employee	Highest compensated employee	Key employee	Officer			
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total.	►	66,300.	0.	5,384.
c Total from continuation sheets to Part VII, Section A	►	0.	0.	0.
d Total (add lines 1b and 1c)	►	66,300.	0.	5,384.

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 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? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

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

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

Part VIII Statement of RevenueCheck 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					
1 a Federated campaigns.....	1 a				
b Membership dues	1 b				
c Fundraising events	1 c	76,667.			
d Related organizations.	1 d				
e Government grants (contributions)....	1 e				
f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	442,455.			
g Noncash contributions included in lns 1a-1f: \$		23,489.			
h Total. Add lines 1a-1f.....		519,122.			
PROGRAM SERVICE REVENUE	Business Code				
2 a					
b					
c					
d					
e					
f All other program service revenue....					
g Total. Add lines 2a-2f.....					
3 Investment income (including dividends, interest and other similar amounts).....		189,505.			189,505.
4 Income from investment of tax-exempt bond proceeds..					
5 Royalties					
6 a Gross rents.	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss) ..					
d Net rental income or (loss).					
7 a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses ..	2,754,555.				
c Gain or (loss).	2,315,062.				
d Net gain or (loss)	439,493.				439,493.
8 a Gross income from fundraising events (not including \$ 76,667. of contributions reported on line 1c). See Part IV, line 18	a	69,228.			
b Less: direct expenses ..	b	104,936.			
c Net income or (loss) from fundraising events..		-35,708.			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses ..	b				
c Net income or (loss) from gaming activities.					
10 a 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					
OTHER REVENUE	Miscellaneous Revenue	Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,112,412.	0.	0.	628,998.

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

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.	176,561.	176,561.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	68,850.	51,637.	0.	17,213.
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.	0.	0.	0.
7 Other salaries and wages.	55,762.	41,822.		13,940.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	3,055.	2,291.		764.
9 Other employee benefits.	7,600.	5,700.		1,900.
10 Payroll taxes.	10,613.	7,960.		2,653.
11 Fees for services (non-employees):				
a Management				
b Legal	4,327.	4,327.		
c Accounting	14,050.	14,050.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses.	108,328.	108,182.		146.
14 Information technology	9,431.	9,431.		
15 Royalties				
16 Occupancy	43,544.	43,544.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,317.	58,578.		3,739.
23 Insurance	23,474.	23,474.		
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 ASSOCIATION DUES	59,617.	59,617.		
b MISCELLANEOUS	29,713.	28,710.		1,003.
c TRAINING AND EDUCATION	20,948.	20,948.		
d EVENT COSTS	14,762.	14,052.		710.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	712,952.	670,884.	0.	42,068.
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)				

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

		(A) Beginning of year		(B) End of year
ASSETS				
1	Cash – non-interest-bearing	287,175.	1	340,001.
2	Savings and temporary cash investments	851,225.	2	598,807.
3	Pledges and grants receivable, net	3		
4	Accounts receivable, net	6,792.	4	6,667.
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		
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		
7	Notes and loans receivable, net	7		
8	Inventories for sale or use	8		
9	Prepaid expenses and deferred charges	2,213.	9	26,017.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,836,998.	
b	Less: accumulated depreciation	10b	1,135,505.	742,139.
10c		10c	701,493.	
11	Investments – publicly traded securities	8,822,037.	11	10,079,189.
12	Investments – other securities. See Part IV, line 11	1,610,046.	12	2,660,634.
13	Investments – program-related. See Part IV, line 11	13		
14	Intangible assets	14		
15	Other assets. See Part IV, line 11	872,090.	15	936,337.
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,193,717.	16	15,349,145.
17	Accounts payable and accrued expenses	14,626.	17	30,569.
18	Grants payable	1,559,090.	18	1,184,090.
19	Deferred revenue	242,038.	19	245,114.
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		
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	25		
26	Total liabilities. Add lines 17 through 25	1,815,754.	26	1,459,773.
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	3,947,952.	27	4,329,039.
28	Temporarily restricted net assets	6,557,921.	28	8,623,996.
29	Permanently restricted net assets	872,090.	29	936,337.
	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	11,377,963.	33	13,889,372.
34	Total liabilities and net assets/fund balances	13,193,717.	34	15,349,145.

BAA

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	1,112,412.
2 Total expenses (must equal Part IX, column (A), line 25)	2	712,952.
3 Revenue less expenses. Subtract line 2 from line 1.	3	399,460.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,377,963.
5 Net unrealized gains (losses) on investments	5	2,111,949.
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	13,889,372.

Part XII Financial Statements and ReportingCheck 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?	2a	X
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
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		
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	3a	X
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	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number

62-0476815

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 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 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?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

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 section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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 from 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 the 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 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

Part III g. 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 yr 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.")	623,984.	558,633.	492,242.	484,597.	519,122.	2,678,578.
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.	184,596.	220,441.	192,705.	190,419.	69,228.	857,389.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
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.	808,580.	779,074.	684,947.	675,016.	588,350.	3,535,967.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	17,843.	9,392.	11,738.	12,510.	7,115.	58,598.
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.	17,843.	9,392.	11,738.	12,510.	7,115.	58,598.
8 Public support (Subtract line 7c from line 6.)						3,477,369.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	808,580.	779,074.	684,947.	675,016.	588,350.	3,535,967.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	219,451.	155,147.	194,688.	202,712.	189,505.	961,503.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	219,451.	155,147.	194,688.	202,712.	189,505.	961,503.
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.)						0.
13 Total support. (Add ins 9, 10c, 11, and 12.)	1,028,031.	934,221.	879,635.	877,728.	777,855.	4,497,470.
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						▶ <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	77.32 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	77.02 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	21.38 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	21.51 %
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		▶ <input checked="" type="checkbox"/>
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		▶ <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶ <input type="checkbox"/>

Part IV

Supplemental Information. 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).

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Financial Statements**

OMB No 1545-0047

2012Open to Public
Inspection

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

Employer identification number

THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815

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.

1 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	
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.		
a Total number of conservation easements	2a	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

1 a 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 ► \$

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.

1 a 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:

	Amount
1c	
1d	
1e	
1f	

2 a Did the organization include an amount on Form 990, Part X, line 21?

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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.....	3,343,146.	3,670,913.	2,530,646.	131,312.	116,107.
b Contributions	139,800.	127,995.	643,024.	2,338,886.	19,191.
c Net investment earnings, gains, and losses.	720,966.	-330,762.	507,159.	60,448.	-3,986.
d Grants or scholarships	115,000.	125,000.			
e Other expenditures for facilities and programs				0.	
f Administrative expenses			9,916.		
g End of year balance	4,088,912.	3,343,146.	3,670,913.	2,530,646.	131,312.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	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 XIII the intended uses of the organization's endowment funds. SEE PART XIII

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
1 a Land		125,000.		125,000.
b Buildings		1,356,504.	796,692.	559,812.
c Leasehold improvements				
d Equipment				
e Other		355,494.	338,813.	16,681.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				701,493.

BAA

Schedule D (Form 990) 2012

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 <u>MONEY MARKET MUTUAL FUND</u>	<u>2,660,634.</u>	<u>END OF YEAR MARKET VALUE</u>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	2,660,634.	

Part VIII Investments – Program Related. See Form 990, Part X, line 13. **N/A**

(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)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUND	<u>936,337.</u>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	936,337.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII SEE PART XIII

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	3,355,354.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a	2,111,949.
b Donated services and use of facilities	2b	26,057.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	2,138,006.
3 Subtract line 2e from line 1	3	1,217,348.
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.) SEE PART XIII	4b	-104,936.
c Add lines 4a and 4b	4c	-104,936.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,112,412.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	843,945.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	26,057.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	26,057.
3 Subtract line 2e from line 1	3	817,888.
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.) SEE PART XIII	4b	-104,936.
c Add lines 4a and 4b	4c	-104,936.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	712,952.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION'S APPROACH TO THE BOARD DESIGNATED INVESTMENTS IS TO MAINTAIN THE ACCUMULATED BALANCES AND PROTECT THE PRINCIPAL INVESTED. THE LEAGUE HAS IMPOSED A RESTRICTION ON THE ENDOWMENT FUND THAT NOTHING MAY BE SPENT UNTIL THE VALUE OF THE ENDOWMENT EXCEEDS \$1 MILLION. IN ADDITION, THE LEAGUE REQUIRES THAT EACH YEAR 10% OF THE NET PROCEEDS FROM THE ANNUAL FUNDRAISERS OF THE LEAGUE BE INVESTED IN THIS ENDOWMENT.

THE LEAGUE'S INTENTION WITH REGARD TO THE PERMANENT ENDOWMENT IS TO MAINTAIN THE

BAA

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)**

INITIAL GIFT IN PERPETUITY; INVESTMENT EARNINGS MAY BE USED TO PROVIDE EQUIPMENT THE LEAGUE REQUIRES IN ITS OPERATIONS.

PART X - FIN 48 FOOTNOTE

NO PROVISION FOR FEDERAL INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS THE LEAGUE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

THE LEAGUE FOLLOWS FASB ASC GUIDANCE CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE

PREScribes A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A

FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A

TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE

APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR

LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX

BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS

GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE

LEAGUE HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL

STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE YEARS ENDED MAY 31,

2010 THROUGH MAY 31, 2013.

**Department of the Treasury
Internal Revenue Service**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

62-0476815

THE JUNIOR LEAGUE OF NASHVILLE, INC.

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions 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.

REVENUE		(a) Event #1 MUSIC CITY MAS (event type)	(b) Event #2 CLUB 22 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
		106,004.	39,891.		145,895.
	1 Gross receipts	64,522.	12,145.		76,667.
	2 Less: Charitable contributions	41,482.	27,746.		69,228.
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	24,427.			24,427.
	7 Food and beverages	22,740.	72.		22,812.
	8 Entertainment	9,700.			9,700.
	9 Other direct expenses	40,126.	7,871.		47,997.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				104,936.
	11 Net income summary. Combine line 3, column (d), and line 10				-35,708.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		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	Yes ____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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: _____

11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b	%

Name ► _____

Address ► _____

15a Does the organization have a contact 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 ►	<input type="text"/>
Address ►	<input type="text"/>

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► 

Description of services provided ►

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 to be 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).

SCHEDULE I
(Form 990)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Part I: General Information on Grants and Assistance

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

Employer identification number

62-0476815

Open to Public
Inspection

No

Yes

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

SEE PART IV

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.

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
(1) <u>FANNIE BATTLE DAY HOME FOR CHILDREN</u> — 108 CHAPEL AVE — NASHVILLE, TN 37206	62-0476290	501 (C) (3)	13,000.	0.			CHILDHOOD OBESITY IMPACT
(2) <u>NASHVILLE CHILDREN'S THEATRE</u> — 25 MIDDLETON STREET — NASHVILLE, TN 37210	62-0637709	501 (C) (3)	6,350.	0.			TICKET SUBSIDY, UPGRADES
(3) <u>OASIS CENTER</u> — 1704 CHARLOTTE AVE., # 200 — NASHVILLE, TN 37203	62-0968273	501 (C) (3)	21,800.	0.			SERVE TEENS, HVAC, OBESITY IMPACT
(4) <u>PRESTON TAYLOR MINISTRIES</u> — 4014 INDIANA AVE. — NASHVILLE, TN 37209	62-11757018	501 (C) (3)	24,700.	0.			OBESITY PRG/PREVENTION, PARTY
(5) <u>REJOICE SCHOOL OF BALLET</u> — 700 RUSSELL ST — NASHVILLE, TN 37206	62-11791396	501 (C) (3)	8,500.	0.			CHILDHOOD OBESITY IMPACT
(6) <u>RENEWAL HOUSE</u> — PO BOX 280356 — 1234 3RD AVE SOUTH — NASHVILLE, TN 37228	62-11631055	501 (C) (3)	47,750.	0.			RENOVATIONS, HOME LEGACY, PARTY
(7) <u>SAFE HAVEN FAMILY SHELTER</u> — 2200 CHILDREN'S WAY, STE 2410 — NASHVILLE, TN 37232	62-1807653	501 (C) (3)	15,000.	0.			GRANT FOR CHILDHOOD OBESITY IMPACT
(8) <u>VANDERBILT CHILDREN'S HOSPITAL</u> — 2200 CHILDREN'S WAY, STE 2410 — NASHVILLE, TN 37232	62-0476822	501 (C) (3)	28,769.	7,325. FMV TOYS			ENTERTAINMENT, MOVIE NIGHT, TOYS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							8
3 Enter total number of other organizations listed in the line 1 table							0

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) THE JUNIOR LEAGUE OF NASHVILLE, INC.
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.

Part IV Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

(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
1					
2					
3					
4					
5					
6					
7					

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.

PART I LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

AS A PART OF RECEIVING FUNDS FROM THE JUNIOR LEAGUE OF NASHVILLE, THE ENTITY MUST

ALLOW A JUNIOR LEAGUE MEMBER TO ACT AS A LIAISON AND MONITOR THE AGENCIES

PERFORMANCE, FINANCIAL VIABILITY, AND USE OF THE JUNIOR LEAGUE FUNDS. LIAISONS OFTEN

ATTEND BOARD MEETINGS AS A NON-VOTING MEMBER.

BAA

62-0476815
 Page 2

Schedule I (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

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.

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number

62-0476815

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE JUNIOR LEAGUE OF NASHVILLE IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING THE COMMUNITY THROUGH EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS. ITS PURPOSE IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE. THE JUNIOR LEAGUE OF NASHVILLE REACHES OUT TO WOMEN OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN INTEREST IN AND A COMMITMENT TO VOLUNTARISM.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

LAURA CREEKMORE AND SARAH CREEKMORE WOODALL ARE SISTERS AND BOTH SERVE AS BOARD MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

NOMINATING COMMITTEE OF THE BOARD PREPARES A SLATE BASED ON QUALIFICATIONS OF CANDIDATES FOR UPCOMING BOARD POSITIONS. THE SLATE IS PRESENTED TO THE ENTIRE MEMBERSHIP FOR VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
BYLAW CHANGES ARE VOTED ON BY ALL MEMBERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY OF THE 990 IS EMAILED TO THE PRESIDENT, VP OF FINANCE AND THE TREASURER FOR REVIEW PRIOR TO FILING. ALSO, THE ACCOUNTING FIRM WHO PREPARES THE 990 SCHEDULES A MEETING WITH THE PRESIDENT, PRESIDENT-ELECT, VP OF FINANCE, PAST YEAR VP OF FINANCE, TREASURER, MANAGING DIRECTOR, AND STAFF ACCOUNTANT TO GO OVER THE COMPLETED 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANY CONFLICTS THAT ARISE ARE DISCUSSED AT THE MONTHLY EXECUTIVE COMMITTEE MEETINGS AND DOCUMENTED. STEPS ARE TAKEN TO ENSURE THE CONFLICT IS RESOLVED AND DOES NOT RECUR. EACH CONFLICT THAT ARISES IS DEALT WITH ON A CASE BY CASE BASIS.

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number

62-0476815

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

COMPENSATION IS DETERMINED BY THE BOARD, HR COMMITTEE AND MANAGING DIRECTOR (WHEN APPROPRIATE) AND IS BASED ON PERFORMANCE, ABILITIES, AND MARKET VALUE FOR THE POSITION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES
SAME AS ABOVE**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ANNUAL FINANCIAL STATEMENTS CAN BE FOUND ON WWW.GIVINGMATTERS.COM. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ONLY MADE AVAILABLE UPON REQUEST TO WOMEN WHO ACTIVELY PARTICIPATE IN THE ORGANIZATION'S EFFORTS.

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Enter filer's identifying number, see instructions		
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE JUNIOR LEAGUE OF NASHVILLE, INC.	Employer identification number (EIN) or 62-0476815
	Number, street, and room or suite number. If a P.O. box, see instructions. 2202 CRESTMOOR RD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37215	

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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 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.

- The books are in care of ► AMY SMOOTHERMAN -----
Telephone No. ► (615) 269-9393 ----- 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.

- I request an additional 3-month extension of time until 4/15, 20 14.
- For calendar year _____, or other tax year beginning 6/01, 20 12, and ending 5/31, 20 13.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 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 \$
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.	b \$
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	c \$

Signature and Verification must be completed for Part II only.

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 ► Diana M Lands Title ► CPA Date ► 1/15/14
BAA FIFZ0502L 01/21/13 Form 8868 (Rev 1-2013)

*Of mailed
1/15/14*

2012

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

SPECIAL EVENTS DIRECT EXPENSES	\$	-104,936.
TOTAL	\$	<u>-104,936.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

SPECIAL EVENTS DIRECT EXPENSES	\$	-104,936.
TOTAL	\$	<u>-104,936.</u>