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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)

OMB No 1545-0047

Open to Public Inspection

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

<u>A F</u>	or th	e 2012 calendar year, or tax year beginning $JUL = 1$ , $2012$ and	ending L	<u>JUN 30, 2013</u>	
Во	heck if	C Name of organization		D Employer identific	ation number
	Addre	OUNTOR LEAGUE OF AMARILLO			
	]Name	Doing Business As		75-10	35793
	]initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi	1700 SOUTH POLK		806/3	374-0802
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	276,817
	Appli			H(a) Is this a group re	
	pend			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
T	ax-ex	empt status <b>X</b> 501(c)(3)	or 527	7	ist (see instructions)
		te: NWW.JLAMARILLO.ORG	<u>,, 02,</u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: T2
	rt I	Summary	<u> </u>	OFFICIALION, 1950 M	State of legal domingle, 12
-			ATTNO 7	NID EDITORMENT	<u> </u>
ဗ္ဗ	1	Briefly describe the organization's mission or most significant activities TRAIL	NTING 1	AND EDUCATING	<del>-</del>
Activities & Governance		VOLUNTEERS			
Ę.		Check this box   if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as:	
્રું		Number of voting members of the governing body (Part VI, line 1a)		3	12
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
₹	6	Total number of volunteers (estimate if necessary)		6	200
듷	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	5,250
^	b	Net unrelated business taxable income from Form 990-T, ine 34		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		99,577.	116,884.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0,
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,668.	3,172
~~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,474.	72,699	
$\dashv$	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,719.	192,755	
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	90,382.	50,376.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ès		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,069.	18,034.
Sua		Professional fundraising fees (Part IX, column (A), line 11e)	_  _	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 18, 114, 11, 1244)		133,940.	<u>145,778.</u>
	18	Total expenses Add lines 13-17 (must equal Part X, column (A), line 25)		241,391.	214,188.
		Revenue less expenses. Subtract line 18 from line 12		<49,672.	
Assets or Balances		EB 0 3 2014 C	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		877,312.	852,615.
- 01	21	Total liabilities (Part X line 26)		83,096.	82,924.
탪	22	Net assets or fund balances Subtracture 24 from line 20		794,216.	769,691
	rt II	Signature Block	·		, , , , , , , , , ,
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			on.ougo and bonon, it to
ii uo,	001100	Sum no (n)	non proparo	1a-a5-a	0/2
Sign		Signature of officer		Date	<u> </u>
				54.0	
Here	•	LISA SIMPSON, TREASURER Type or print name and title			
				Date Check	PTIN
		Print/Type preparer's name  Preparer's signature  WALTER E. WEBB. CPA  Preparer's signature  WALTER E. WEBB. CPA		12/11/13	
Paid					
Preparer Use Only Way the IRS discuss this return with the preparer shown above? (see instructions)  Preparer Use Only Firm's address P.O. BOX 669 AMARILLO, TX 79105-0669 Phone no. 806-374  And the IRS discuss this return with the preparer shown above? (see instructions)  Preparer Firm's name STEWART, MARTIN, DUDLEY & WEBB P.C. Firm's EIN 75-23  Phone no. 806-374  And the IRS discuss this return with the preparer shown above? (see instructions)  Label Time's name  Prim's name  Prim's EIN 75-23  And Time's EIN 75-23  And Ti					
Use (	Only	Firm's address P.O. BOX 669			
		AMARILLO, TX 79105-0669		Phone no. 80	<u> 16-374-7576</u>
Мау	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
23200	1 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2012)
					•

Orm	rt III   Statement of Program Service Accomplishments	/3-1033/93 Page 2
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	TRAINING AND EDUCATING VOLUNTEERS	
2	Did the organization undertake any significant program services during the year which were not listed on	☐ Yes 【X】No
	the prior Form 990 or 990-EZ?	∟ Yes LA No
•	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	165 22 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$26, 208. including grants of \$) (Revenue	·s)
	TRAINING, EDUCATION AND PROGRAMS FOR MEMBERS TO SERVE AS	
	THE COMMUNITY, SUCH AS ON NON-PROFIT BOARD OF DIRECTORS.	
		<del> </del>
46	(Code) (Expenses \$ 50,376. including grants of \$ 50,376.) (Revenue	- 1
4b	(Code) (Expenses \$	
	FOR GRANTS AND MONITORING OF THE GRANTS.	ORGINIZITIONS
	TOR GIGHT THE HOMITORING OF THE GIGHT DV	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	-	
A ~!	Other program services (Describe in Schedule O )	
4d	(Expenses \$ including grants of \$ ) (Revenue \$	Y
4e	Total program service expenses ► 76,584.	
		Form <b>990</b> (2012)

	Officerist of frequired octredules			
	•		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?	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		<u>X</u>
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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Х	
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		<u> X</u>
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		<u> </u>
	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		Х
l2a	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?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	44.		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b_		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		₩
	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	40		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		y
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20~	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-22
_0	ii 165 to iiilo 204, did the organization attach a copy of its addited initiatiolal statements to this return.	200		<u> </u>

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		ĺ	
	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, 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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	25a		х
L	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 20a</u>		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
٠	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	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? 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
С	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		Х
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	20		, v
00	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, Part II, III, or IV, and	33		
34	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<del>-</del>
~	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	<u> </u>	Х
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	Х	
		Form	990	(2012)

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b. 0	j 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	) !		ĺ
·	(gambling) winnings to prize winners?	1c	х	ĺ
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 , 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	64.000	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ļ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	,		1
a	Initiation fees and capital contributions included on Part VIII, line 12  Once provided on Favor 200, Red VIII, line 12	ł		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  11a			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	ĺ		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
	organization is licensed to issue qualified health plans	'		
С	Enter the amount of reserves on hand	'`'		1
	Did the organization receive any payments for indoor tanning services during the tax year?	<b>1</b> 4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	aan	(2012)

75-1035793 Page 6 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	<b>'</b>		
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	} ;		
	officer, director, trustee, or key employee?	2		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
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?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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?	10a		Х
ь	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	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	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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			Ì
	taxable entity during the year?	16a		Х
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request 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, an	d fınar	cial	
	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.	tion 🕨	•	
	LISA SIMPSON - 806-374-0802	-		
	1700 SOUTH POLK, AMARILLO, TEXAS 79102			

Form 990 (2012)	JUNIOR	LEAGUE	OF	AMARILLO

75-1035793

Page 7

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	itior		000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rruste	al trus		yee	m pen		(***2/1033***********************************		and related
	below	dena	Institutional trustee		Key employee	Highest compensated employee	15			organizations
	line)	Indiv	Instit	Officer	Key e	E E	Former			
(1) KIM CRAWFORD	1.00									
PRESIDENT		X	<u> </u>	X				0.	0.	0.
(2) NANCY GEORGE	1.00									
PRESIDENT-ELECT		X	<u> </u>	X				0.	0.	0.
(3) TIFFANY LAUR	1.00									
COMMUNITY VICE-PRESIDENT		X	<u> </u>	X	ļ			0.	0.	0.
(4) CYNTHIA CROSS	1.00					ĺ				
FUNDRAISING VICE-PRESIDENT		X		X		<u> </u>		0.	0.	0.
(5) VALERIE NOGGLE	1.00	1								
RECORDING SECRETARY		X	<u> </u>	X		<u> </u>	L	0.	0.	. 0.
(6) ALLISON TEUSCHER	1.00								_ !	_
MEMBERSHIP VICE-PRESIDENT		X		X				0.	0.	0.
(7) SARA RICHARDSON	1.00			•	i			_	_	_
FINANCE VICE-PRESIDENT	1	X	ļ	X		ļ		0.	0.	0.
(8) LISA SIMPSON	1.00									
FINANCE VICE-PRESIDENT ELECT	1	X		<u> </u>	ļ	<u> </u>	ļ <u>.</u>	0.	0.	0.
(9) JACKIE MARR	1.00	<b>.</b> _								
COMMUNICATIONS	1 00	X	<u> </u>	_	<del> </del> —	<del> </del>		0.	0.	0.
(10) KALLEY SADLER	1.00	ļ.,								•
NOMINATING	1 00	X				ļ		0.	0.	0.
(11) EMILY WOOD	1.00	٠,,				l				_
PLACEMENT	1 00	X	-	├				0.	0.	0.
(12) LORI HENKE	1.00	<b>.</b>		<b></b>				0.	0.	0.
SUSTAINING ADVISOR		X	<del>  -</del> -	X		<del>                                     </del>		<u> </u>	0.	0.
		┨		}		ĺ				
						-				
		1								
	<del></del>	$\vdash$				$\vdash$				-
•		1								,
		$\vdash$	T	<del> </del> -				<del> </del>		
	-	1								
							L			

Par	T VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	· (A)	(B)				C)			(D)	(E)	}		(F)	
	Name and title	Average	(do		Pos heck		) than	one	Reportable	Reportable	}	Est	mated	t
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio			ount o	f
		week		cer ar	id a d	irecto	or/trus	100)	from	from related			ther	
		(list any hours for	recto						the	organizations		comp		
		related	or de	<u>8</u>			sated		organization	(W-2/1099-MIS	) (O		m the	
		organizations	ruste	trus		្ឌូ	m ben		(W-2/1099-MISC)			_	nızatıc relate	
		below	individual trustee or director	Institutional trustee		Key employee	ist co.	16		-			izatio	
		line)	Indivi	Instit.	Officer	Key er	Highest compensated employee	<b>Former</b>				J-"		
						Ī								
										<b>→</b>				
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			<u> </u>	<u> </u>	<u> </u>						]			
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						<u> </u>	<u> </u>							
					<b> </b> -	<u> </u>		<u> </u>						
						$\vdash$		_						
									1		ſ			
	Cult Askal	l	l	L	<u></u>	<u></u>	_		0.		0.			0
	Sub-total	l Casta : 4							0.		0.			0.
	Total from continuation sheets to Part V	i, Section A							0.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but n	ot limited to th		lieta			ابدراه	10 r	·	I NOO of reportable				<b>U</b> •
2	compensation from the organization	ot minieu to ti	いっせ	note	u di	JUVI	<i>⊖j</i> WI	יט וי	ecewed more than \$100	,000 or reportable	·			0
	compensation from the organization											1,	Yes	No
3	Did the organization list any former officer,	director, or tri	ıste	e. ke	v er	npla	ovee	or	highest compensated e	mplovee on	Γ			
•	line 1a? If "Yes," complete Schedule J for s			٠, ٠٠٠	, 01		. , JO,	, J.	g. 1001 00porioatod 0			3		Х
4	For any individual listed on line 1a, is the su		le co	amo	ensa	atior	n and	d otl	her compensation from	the organization	ŀ			
•	and related organizations greater than \$15	•							•	5		4		X
5	Did any person listed on line 1a receive or a			-						dual for services	Ī			
	rendered to the organization? If "Yes," com	•				-				<u> </u>		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fro	om	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	n the organization's tax	year <u> </u>				
	(A)		_		_				(B)		_	(C)		
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompen	sation	
								$\dashv$						
								-						
													,	
	~	· · · · · · · · · · · · · · · · · · ·								-				
2	Total number of independent contractors (i	ncluding but n	ot l	mıte	d to	tho	se lis	sted	d above) who received m	nore than		-		
	\$100,000 of compensation from the organi						0							
												Corm 0	00 /0	010

		Check if Schedule O con	tains a resnonse :	to any question i	n this Part VIII			
		Officer if Schedule S con	tains a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its	1 a	Federated campaigns	1a					
E Z		Membership dues	1b	82,793.				
G E		Fundraising events	1c	34,091.				
ii te		Related organizations	1d	1				
a,e		Government grants (contribut			i			
Sign	f	AD 11					•	
F E	•	similar amounts not included abo	· 1 1					
<u></u>		Noncash contributions included in lines						•
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	3 (α- )) Ψ		116,884.			
<u> </u>	- ''	Total: 7 tot		Business Code			·	
a	2 a			Business Code		:		
Š								-
Program Service Revenue	b					-		
E B	C				940			
Pega	d							
P.	•	All other program service reve	enue			_		
		Total. Add lines 2a-2f	Sildo		<del></del>			· · · · · · · · · · · · · · · · · · ·
	я З	Investment income (including	dividends intere	est and	<del>- • ·</del>			*****
	3	other similar amounts)	, aividerido, intere	,5t, und	3,172.			. 3,172.
	4	Income from investment of ta	v.evemnt hand n	roceeds	3/1/20			. 3/1/21
	5	Royalties	b exempt bond p	Woodcas				
	3	Hoyanics	(i) Real	(II) Personal	· · · · · · · · · · · · · · · · · · ·			
	6 2	Gross rents	(y riour	(ii) i croonas				
	b							
ł		D 11	-					
	ç	Net rental income or (loss)		<u> </u>		_		
		Gross amount from sales of	(i) Securities	(II) Other				
	ı a	assets other than inventory	(ly Occurries	(ii) Other				
	h	Less cost or other basis	-					
	Ь	and sales expenses						
	_	Gain or (loss)				]		
		Net gain or (loss)	L	<b></b>				
		Gross income from fundraising	a events (not					
Other Revenue	o a		091. of					
Ş		contributions reported on line						
Ĕ.		Part IV, line 18		144,527.				
the l	b	Less direct expenses	b					
Ó		Net income or (loss) from fun	draising events	<b>&gt;</b>	64,966.			64,966.
		Gross income from gaming a				`		•
		Part IV, line 19	а					
	b	Less direct expenses	b					
,		Net income or (loss) from gan		<b>•</b>				
		Gross sales of inventory, less	_		,			
		and allowances	а	6,810.	•			
	b	Less cost of goods sold	b	4,501.				
		Net income or (loss) from sale		<b></b>	2,309.		•	2,309.
		Miscellaneous Revenu		Business Code				
	11 a	NEWSLETTER ADVI		511120	5,250.		5,250.	
		MISCELLANEOUS		900099	174.			174.
i	С							
		All other revenue						
1	е	Total. Add lines 11a-11d		▶,	5,424.			
ı	12	Total revenue See instructions.		<b>▶</b> [	192,755.	0.	5,250.	70,621.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	50,376.	50,376.		
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		•		<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,034.		18,034.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u>.</u>			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	6,699.	2,000.	4,699.	
d	Lobbying			,-,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	·			
	column (A) amount, list line 11g expenses on Sch O.)	2,456.	2,111.	345.	
12	Advertising and promotion	2,250.	2,250.		
13	Office expenses	2,568.	212.	2,356.	
14	Information technology	2,950.		2,950.	
15	Royalties				
16	Occupancy	7,359.		7,359.	
17	Travel				
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials			10.500	
19	Conferences, conventions, and meetings	27,162.	16,433.	10,729.	
20	Interest	00 065		00 265	
21	Payments to affiliates	29,367.		29,367.	
22	Depreciation, depletion, and amortization	4,556.		4,556.	
23	Insurance	8,417.		8,417.	
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 0.)				
а	EXPENSES ALLOCATED TO A	20,745.		20,745.	-
b		10,762.		10,762.	-,040
С	PRINTING-YEARBOOK	7,722.		7,722.	
d	MISCELLANEOUS	3,999.	2,274.	1,725.	
е	All other expenses	8,766.	928.	7,838.	
25	Total functional expenses Add lines 1 through 24e	214,188.	76,584.	137,604.	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.		ļ	ļ	
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	134,195.	1	116,956.
	2	Savings and temporary cash investments	569,916.	2	212,365.
	3	Pledges and grants receivable, net		3	*
	4	Accounts receivable, net	3,940.	4	1,987.
	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 instr) Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	37,573.	8	34,332.
•	9	Prepaid expenses and deferred charges	116.	9	116.
	_	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 396,715.			
	ь	Less accumulated depreciation 10b 357,700.	41,572.	10c	39,015.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	90,000.	12	447,844.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	-
	16	Total assets. Add lines 1 through 15 (must equal line 34)	877,312.	16	852,615.
	17	Accounts payable and accrued expenses	2,423.	17	8,446.
	18	Grants payable		18	
	19	Deferred revenue	80,673.	19	74,478.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		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	83,096.	26	82,924.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \( \textstyle X \) and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	347,161.	27	324,371.
Bal	28	Temporarily restricted net assets	447,055.	28	445,320.
Б	29	Permanently restricted net assets	· · · · · ·	29	
Z		Organizations that do not follow SFAS 117 (ASC 958), check here ▶└─			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	504 046	32	
~	33	Total net assets or fund balances	794,216.	33	769,691.
	34	Total liabilities and net assets/fund balances	877,312.	34	852,615.

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Pa	rt 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	19:	<u>2,7</u>	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	4,1	<u>88.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<2	1,4	<u>33.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79	4,2	<u> 16.</u>
5	Net unrealized gains (losses) on investments	5	<.	3,0	<u>92.</u> >
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	76	9,6	<u>91.</u>
Pa	rt 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 Cash X Accrual Other			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		1	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 Sch		}		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3b		<u> </u>
			Form	990 (	(2012)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of t	he organizati	ion					-	E	mployer	identificati	on nu	mber
			LEAGUE OF AM						7	<u>5-1035</u>	793	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this par	t ) See inst	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	)(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
3			ital service organization			170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(i	iii). Enter t	the hospital	's nam	ne.
	city, and stat		,		•			(-/, /, /,	•	•		•
5 🔲	• •		benefit of a college or ur	niversity ov	wned or or	perated by	, a governi	mental un	ıt describ	ed in		
<b>у</b> Ш	-	(b)(1)(A)(iv). (Compl	=	involution of	miled or op	, o. a. o. o. o.	, a goro	···o····a·· a··	4000112			
c $\Box$			nent or governmental uni	t docombo	d in acatio	n 170/h)/	4\/A\/ <sub>6</sub> \/					
6		=	=					or from the	o gonoral	public desc	ribadi	ın
7 📖	-		ceives a substantial part	oi its supp	ort nom a	governme	ontai unii C	n nom the	e general	public desc	TIDEG	
•		b)(1)(A)(vi). (Comple		(Complete	Dort II \							
8 L 9 X			section 170(b)(1)(A)(vi).				.bt.ooo n		ın food o	nd aross ro	oointo	fram
9 🕰	-	•	ceives (1) more than 33									
		•	nctions - subject to certa									
			axable income (less sect	lion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization	arter June 3	10, 197	<i>(</i> 5
		<b>509(a)(2).</b> (Complete	•									
10	=	-	perated exclusively to te									
11 📖	-	-	perated exclusively for the									or
	-		ations described in secti				2) See sec	ction 509	(a)(3). Ch	eck the box	tnat	
			organization and comple									
r1	a Type I			ype III - Fu	•	•		• •		n-functional	•	_
e			at the organization is not									เท
	foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 50	9(a)(1) or	section 509	)(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	ll, or Type	e III				
		rganızatıon, check ti										L
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			1
	(i) A person	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons of	described	ın (iı) and (	(III) below	,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	
	(ii) A family	member of a perso	n described in (i) above?							11g(iı)	<u> </u>	
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	9?					11g(iii)	<u> </u>	<u> </u>
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) I: organizati	s the	(vii) Amoun	t of mo	netary
	inization	, ,	(described on lines 1-9	in col. (i) lis	sted in your	organiza		(i) organiz U.S	zed in the		port	•
			above or IRC section	governing	document?	(i) of you	r support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				_								
									1			
	·											
		1										
							<del>  -</del>	<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2012

Pa	art II Support Schedule for	_					
	(Complete only if you checke				on failed to qualify	under Part III. If the	e organization
60	fails to qualify under the tests	ilsted below, plea	ase complete Part	···· )			
	ction A. Public Support	(-) 0000	453,0000	(+) 0010	(4) 2011	(-) 2012	(6 Total
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Gifts, grants, contributions, and					'	
	membership fees received (Do not					'	
_	include any "unusual grants")			- <u>-</u>		-	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities		ĺ				
	furnished by a governmental unit to						
_	the organization without charge	-				+	
	Total. Add lines 1 through 3		-			+	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			-			
	amount shown on line 11,					-	
_	column (f)					-	
	Public support. Subtract line 5 from line 4	L		<u> </u>			
	ction B. Total Support	, , , , , , ,		1 1 2010	( 1) 0044	1 , , , , , ,	(D.T.)
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4				-		
8	•						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1			+	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	<u> </u>				<del>-</del>	
	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u></u>	<del>                                     </del>	l
	Gross receipts from related activities,	•	•			12	<u> </u>
13	First five years. If the Form 990 is fo		s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	<b>.</b> —
<u> </u>	organization, check this box and stor		roontago	<u></u>			
	ction C. Computation of Publ					T T	
	Public support percentage for 2012 (			column (f))		14	%
	Public support percentage from 201					15	. %
16	a 33 1/3% support test - 2012. If the				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies				<u>.</u>		
ŀ	o 33 1/3% support test - 2011. If the				d line 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the orgai	nization
	meets the "facts-and-circumstances"						<b>▶</b> ∐
ŀ	o 10% -facts-and-circumstances tes	t - 2011. If the ord	anization did not	check a box on lin	e 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

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

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

50.	ction A. Public Support	elow, please comp	olete Part II )				<del></del>
	• • • • • • • • • • • • • • • • • • • •	(=) 000g	/I-V 0000	/-> 0010	4.0.0044	( ) 0010	10 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants ")	139,088.	101,353.	92,209.	99,577.	116,884.	E40 111
_		_139,000.	101,333.	34,409.	33,311.	110,004.	549,111.
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	157,445.	87,961.	158,245.	161,563.	151,337.	716,551.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513					į	
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf			1			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	296,533.	189,314.	250,454.	261,140.	268,221.	1,265,662,
	Amounts included on lines 1, 2, and						1,200,002,
	3 received from disqualified persons	43,500.	11,500.	4,000.	6,000.	22,500.	87,500.
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	42 500	11 500	4 000	6 000	00 500	0.
_	Add lines 7a and 7b	43,500.	11,500.	4,000.	6,000.	22,500.	87,500.
	Public support (Subtract line 7c from line 6) ction B. Total Support						1,178,162.
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
. 9	Amounts from line 6	296,533.	189,314.	250,454.	261,140.	268,221.	1,265,662.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,454.	18,870.	11,626.	6,668.	3,172.	66,790.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	26,454.	18,870.	11,626.	6 660	3,172.	66,790.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20,434.	10,070.	11,626.	6,668.	3,172.	66,790.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	322,987.	208,184.	262,080.	267,808.	271,393.	1,332,452,
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	tion C. Computation of Publi	ic Support Per	centage		,		
	Public support percentage for 2012 (li		•	olumn (f))		15	88.42 %
	Public support percentage from 2011				<u>-</u>	16	<u>88.70 %</u>
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	5.01 %
	Investment income percentage from 2				45	18	7.30 %
	33 1/3% support tests - 2012. If the more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	$\triangleright \mathbf{X}$
b	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶Щ
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

	JUNIOR LEAGUE OF AMARILLO	75-1035793
Pa		
	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 for	unds
	are the organization's property, subject to the organization's exclusive legal control?	, Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confi	ferring
	impermissible private benefit?	Yes No
Pa	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, 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)	cally important land area
	Protection of natural habitat	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 Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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	1
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization 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	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	└ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
Dai	conservation easements t III   Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets
rai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	i Siiiliai Assets.
4-	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	the text of the footnote to its financial statements that describes these items	or public service, provide, in Fart Am,
<b>h</b>	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	
		service, provide the following amounts
	relating to these items (i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> `¢
	(i) 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	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	n, provide
-	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
a h	Assets included in Form 990, Part X	▶ \$ ▶ \$
U	/ 1000to intriduce in 1 Onli Coo, 1 Ot A	<b>- V</b>

		LEAGUE OF				Odb	· Ciil		33133	
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following that	t are a sig	Initicant	use of its	collection	tems
	(check all that apply):				_					
a	Public exhibition				hange progra	ıms				
b	Scholarly research	•	е 🗀 (	Other					<del></del>	
С	Preservation for future generations							_		
4	Provide a description of the organization's co			-	-			ose in Par	t XIII	
5	During the year, did the organization solicit o					er sımılar a	assets		٦.,	
Dat	to be sold to raise funds rather than to be ma				•	<u>.</u>			Yes	No_
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par	- '	iete if the	organizatio	n answered "	Yes" to F	orm 990	J, Panti∨,	line 9, or	
4.			diami fau i							
та	Is the organization an agent, trustee, custodi	an or other interme	clary for c	contribution	is or other ass	sets not II	nciuaea		٦٧	
	on Form 990, Part X?		-11	-1-1-				ــــا	_ Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing to	able					A	
_	Deciman halance						40		Amount	
	Beginning balance						1c			
- -	Additions during the year						1d		<u> </u>	
e 4	Distributions during the year  Ending balance						1e 1f			
f	Did the organization include an amount on Fe	orm 990 Part Y line	212						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII			n hae haan	provided in E	Part YIII			_ 162	
Par							1			
		(a) Current year		or year	(c) Two years			ears hack	(e) Four y	ears back
1a	Beginning of year balance	(a) current year	(5)	ioi youi	(C) The your	o buok	<b>2)</b> 111100	Journ Dunk	10/1001	ouro buon
h	Contributions									
	Net investment earnings, gains, and losses								··	
ų	Grants or scholarships									
<u>u</u>	Other expenditures for facilities									
·	and programs								ļ	
f	Administrative expenses									
g	End of year balance							-		
2	Provide the estimated percentage of the curr	rent vear end balan	ce (line 1	ı, column (a	a)) held as					-
	Board designated or quasi-endowment	,	%	,	"					
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<del></del>								
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	t are held a	nd administer	red for the	e organiz	zation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,	line 10						
	Description of property	(a) Cost or o			or other	٠,	cumulate		(d) Book	value
· · - ·		basis (invest	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings	225,	465.			2	<u>10,6</u>	42.	14	<u>,823.</u>
С	Leasehold improvements							10		
d	Equipment		735.		-		<u>65,6</u>			<u>,093.</u>
•	Other		515.			<del></del>	<u>81,4</u>	16.		<u>,099.</u>
	Add lines 1a through 1a (Column (d) must a	aual Form 000 Pan	t V colum	n (D) line 1	10/011				ે વ	015.

75-1035793 Page 4 JUNIOR LEAGUE OF AMARILLO Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 217,427. 1 ·Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 <3,092. a Net unrealized gains on investments 2a 2b **b** Donated services and use of facilities c Recoveries of prior year grants 2c 57,131 d Other (Describe in Part XIII) 2d 54,039. e Add lines 2a through 2d 2e 163,388. 3 Subtract line 2e from line 1 3 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 29,367 b Other (Describe in Part XIII) <u> 29,367.</u> c Add lines 4a and 4b 4c 192,755. 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 241,952. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 57.131. d Other (Describe in Part XIII) 2d 57,131. e Add lines 2a through 2d 2e 184,821. Subtract line 2e from line 1 3 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 29,367 b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 29,367. 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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 XI, LINE 2D - OTHER ADJUSTMENTS: 57,131. IN-KIND DONATIONS

**ASSOCIATION DUES** 

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

29,367.

Schedule D (Form 990) 2012	JUNIOR LEAGUE OF AMARILLO rmation (continued)	75-1035793 Page 5
	ermation (continued)	<u> </u>
IN-KIND DONATIONS		57,131.
PART XII, LINE 4B	OTHER ADJUSTMENTS:	
ASSOCIATION DUES		29,367.
	· · · · · · · · · · · · · · · · · · ·	
•		
		•

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2012

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 75\_1035793

JUNIUR	TEACOE OF WHATTITE				1/3-1033	133
Part I Fundraising Activities required to complete this par	. Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	flers are not
1 Indicate whether the organization rais		na acti	vities	Check all that apply		
		-				
a Mail solicitations			_	overnment grants		
b Internet and email solicitations	s f Solicita	ition of	gover	nment grants		
c Phone solicitations	g Special	l fundra	using	events		
d In-person solicitations	_					
2 a Did the organization have a written of	or oral agreement with any individua	Linclu	dina o	fficare directore true	etage or	
						No.
key employees listed in Form 990, F						<del></del>
b If "Yes," list the ten highest paid ind		suant to	agre	ements under wnich	the fundraiser is to	be
compensated at least \$5,000 by the	organization					
		T				
(i) Name and address of individual		(iıi) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have con or con contribi	ustody	from activity	fundraiser	to (or retained by)
or ormity (randralost)	(	contribi	utions?		listed in col (i)	organization
		Yes	No	-		
•						
•						
					•	
	L	ــــــــــــــــــــــــــــــــــــــ	L	<del> </del>	<u> </u>	
Total			<u> </u>			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing						
					<del></del>	
	•					
<u>-</u>					<del></del>	
				<del></del>		
		-				·
			-		· · · · · · · · · · · · · · · · · · ·	

75-1035793 Page 2 Schedule G (Form 990 or 990-EZ) 2012 JUNIOR LEAGUE OF AMARILLO \*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 BEST OF (add col (a) through TEXAS (GALA, RUMMAGE SALE col. (c)) (event type) (event type) (total number) Revenue 8,123 178,618. 137,056. 33,439. 1 Gross receipts 34,091. 34,091 2 Less Contributions 102,965. 33,439. 8,123. 144,527. Gross income (line 1 minus line 2) Cash prizes 29,359. 29,359. 5 Noncash prizes Direct Expenses 3,406 9,225. 5,819. 6 Rent/facility costs 10,052. 10,052 7 Food and beverages 16,918. 16,918. 8 Entertainment 6,774. 4,265. 2,968 14,007. Other direct expenses 79,561; 10 Direct expense summary Add lines 4 through 9 in column (d) 64,966. 11 Net income summary Combine line 3, column (d), and line 10 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, ine 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule	G (Fo	orm 990	or 99	0-EZ)	2012

**b** If "No," explain

b If "Yes," explain

<u>Sch</u>	redule G (Form 990 or 990 EZ) 2012 JUNIOR LEAGUE OF AMARILLO /5	<u>-1035</u>	<u> 193</u>	Page 3
11	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		ļ	
а	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > 4 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			
Ŭ	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 > \$			
Pa	Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (\	/), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
	•			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection OMB No 1545-0047

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

Name of	Name of the organization	Employer identification number
	JUNIOR LEAGUE OF AMARILLO	75-1035793
Part	Part I General Information on Grants and Assistance	
1 Do	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	uc
cut	criteria used to award the grants or assistance?	X Yes No

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

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

Schedule I (Form 990) (2012)					ions for Form 990.	, see the Instruct	LHA For Paperwork Reduction Act Notice, see the Instructions for Form
<b>A</b>					1 table	s listed in the line	3 Enter total number of other organizations listed in the line 1 table
•				ne line 1 table	ganizations listed in the	and government or	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
				•			
TO HELP FEED KIDS			0	15,000	501(C)(3)	75-6049423	SNACK PAK FOR KIDS 1309 W. 8TH AMARILLO, TX 79101
tton of (h) Purpose of grant sistance or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(a) EIN	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) or government cash grant

232101 12-18-12

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 75-1035793 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (book, FMV, appraisal, other) 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 (d) Amount of non-cash assistance (c) Amount of cash grant JUNIOR LEAGUE OF AMARILLO (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part IV Part III

#### **SCHEDULE 0**

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(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

JUNIOR LEAGUE OF AMARILLO	75-1035793						
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, PRE	SIDENT-ELECT AND						
TREASURER REVIEWED THE TAX RETURN PRIOR TO FILING.							
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND TAX							
RETURNS ARE AVAILABLE AT JUNIOR LEAGUE OF AMARILLO'S OFFICE UPON REQUEST.							
FORM 990, PART XII, LINE 2C							
THERE HAVE BEEN NO CHANGES TO THE FINANCE COMMITTEE'S PROCESS							
CONCERNING THE AUDIT FROM THE PRIOR YEAR.	•						
	£ -						
	-						
•							
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Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return



File a separate application for each return.

• If you a Do not co Electroni required to of time to Personal visit www Part I A corpora Part I only All other co	are filing for an Automatic 3-Month Extension, complete are filing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-months file Form 990-T), or an Additional (Not Automatic) 3-months file any of the forms listed in Part I or Part II with the extension of the IRS in parties gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Times to require to file Form 990-T and requesting an automatic or porations (including 1120-C filers), partnerships, REName tax returns.	xtension, an autom you need onth exten cception or per format s. e. Only s	complete only Part II (on page 2 of atic 3-month extension on a previou a 3-month automatic extension of tinsion of time. You can electronically of Form 8870, Information Return for (see instructions). For more details submit original (no copies neonth extension - check this box and	this form sly filed I me to file file Form Transfers on the el eeded).	n). Form 8868. (6 months for a co 8868 to request as s Associated With ectronic filing of the	n extension Certain
Type or	Type or Name of exempt organization or other filer, see instructions.  Employer identification is				er identification nu	mber (EIN) or
print					<del>-</del>	
File by the	a by the			75-1035		
due date for , filing your			security number (S	5N)		
eturn See nstructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions			
	AMARILLO, TX 79102	or angiri add				
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Application Return Application				Return		
s For Code Is For			Code			
	orm 990 or Form 990-EZ 01 Form 990-T (corporation)			07		
	orm 990-BL 02 Form 1041-A			08		
orm 4720 (individual) 03 Form 4720			09			
orm 990-l		04 Form 5227		10		
	(sec. 401(a) or 408(a) trust)	05			11	
form 990-T (trust other than above) 06 Form 8870 12  LISA SIMPSON						
The books are in the care of   1700 SOUTH POLK, AMARILLO, TEXAS - 79102  Telephone No.   806-374-0802  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 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 automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2014  to file the exempt organization return for the organization-named above. The extension is for the organization's return for:  Calendar year or  X tax year beginning JUL 1, 2012  If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Final return						
	Change in accounting period application is for Form 990-BL, 990-PF, 990-T, 4720, o		0	GDE	N, UT	
	fundable credits. See instructions.			3a	\$	<u> </u>
	application is for Form 990-PF, 990-T, 4720, or 6069, e	-				_
	ated tax payments made. Include any prior year overpa			3b	\$	<u> </u>
	ce due. Subtract line 3b from line 3a. Include your pay		•			^
by us	ng EFTPS (Electronic Federal Tax Payment System). S	ee instruct	tions.	3c	5	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)