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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning <u>6/1/2013</u> , and ending <u>5/31/2014</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUNIOR LEAGUE OF KINGSPORT INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 418 SHELBY STREET City or town State ZIP code KINGSPORT TN 37660 Foreign country name Foreign province/state/county Foreign postal code D Employer identification number 62-0634742 E Telephone number (423) 245-1321 F Group Exemption Number
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: <u>www.jlkingport.org</u> J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 114,464	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	41,450
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	21,448
	4 Investment income	4	88
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	49,568	
c Less direct expenses from gaming and fundraising events	6c	29,509	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	20,059	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	1,910	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,955	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	39,676
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	11,713
	13 Professional fees and other payments to independent contractors	13	6,200
	14 Occupancy, rent, utilities, and maintenance	14	2,015
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	30,557
	17 Total expenses. Add lines 10 through 16	17	90,161
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,206	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	175,586
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	170,380

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2013)

P 18

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	159,969	22	159,146
23 Land and buildings	8,500	23	8,500
24 Other assets (describe in Schedule O)	29,932	24	25,140
25 Total assets	198,401	25	192,786
26 Total liabilities (describe in Schedule O)	22,815	26	22,406
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	175,586	27	170,380

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? EDUCATIONAL-TRAINING VOLUNTEERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 COMMUNITY PROJECTS - THESE ARE ACTIVITIES WHICH THE MEMBERS CONTRIBUTE RAISED FUNDS TO FUTHER THE EFFORTS OF ORGANIZATIONS IN THE COMMUNITY		
(Grants \$ 39,676) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41,817
29 VOLUNTEER TRAINING - THIS AREA INVOLVES EXPENDITURES TO PROVIDE MEMBERS EDUCATIONAL WORKSHOPS AND CLASSES SKILLS TO ENHANCE THEIR ABILITIES TO PROVIDE VOLUNTEER SERVICES IN THE COMMUNITY		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	16,973
30 COMMUNITY SUPPORT - THIS AREA IS WHERE MEMBERS ASSESS THE NEED FOR PROGRAMS IN THE COMMUNITY TO MEET THE NEES OF TARGET POPULATIONS LACKING RESOURCES AND PROGRAMING		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,905
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	63,695

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LINDSEY RAY PRESIDENT	Hr/WK 4.00	0		
LORA BARNETT PRESIDENT ELECT	Hr/WK 3.00	0		
JULIE PIERSON COMMUNITYVP	Hr/WK 1.00	0		
KRISTA OSTERHUS PERSONNEL VP	Hr/WK 1.00	0		
KATIE HOLT RECORDING SEC	Hr/WK 10.00	0		
CATHRINE TUCKER FINANCIAL VP	Hr/WK 3.00	0		
JULIE GUNN SUSTAINER AD	Hr/WK 1.00	0		
JENNIFER BAKER TREASURER	Hr/WK 2.00	0		
MARY GLENN LIVELY ASST PERSONNEL VP	Hr/WK 1.00	0		
BRANDI CANTWELL ARRANGEMENTS	Hr/WK 1.00	0		
KATIE SKELTON COMMUNICATIONS	Hr/WK 1.00	0		
ASHLEY TAYLOR GRANTS/SCHOLARSHIPS	Hr/WK 1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	
41 List the states with which a copy of this return is filed.	TN	
42 a The organization's books are in care of	CATHERINE TUCKER	Telephone no
Located at	418 SHELBY STREET	City
	KINGSPORT	ST
	TN	ZIP + 4
	37660	
b 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)? If "Yes," enter the name of the foreign country.		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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.

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			
Name <u></u>				
Title <u>Hr/WK</u>	<u>00</u>			

- f** Total number of other employees paid over \$100,000 **▶** _____

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name <u>None</u> Str		
City <u>ST</u> ZIP		
Name <u></u> Str		
City <u>ST</u> ZIP		
Name <u></u> Str		
City <u>ST</u> ZIP		
Name <u></u> Str		
City <u>ST</u> ZIP		
Name <u></u> Str		
City <u>ST</u> ZIP		

- d** Total number of other independent contractors each receiving over \$100,000 **▶** _____

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

▶ ☒ Yes ☐ No

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	<u>Catherine W. Tucker</u>	<u>1-13-2015</u>
	Signature of officer	Date
	<u>CATHERINE TUCKER, VP FINANCIAL</u>	<u>1/13/2015</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>WILLIAM TAYLOR</u>	<u>William Kent Taylor</u>	<u>1/13/2015</u>		<u>P01253186</u>
	Firm's name ▶ <u>WILLIAM KENT TAYLOR CPA</u>	Firm's EIN ▶ <u>35-2290640</u>			
	Firm's address ▶ <u>2456 HIGHWAY 75, SUITE A, BLOUNTVILLE, TN 37617</u>	Phone no	<u>(423) 323-4168</u>		

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☒ No

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

JUNIOR LEAGUE OF KINGSPORT INC

Employer identification number

62-0634742

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						0
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 2013 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support test—2012. 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—2013. 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—2012. 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 Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	27,795	24,858	47,289	27,806	41,450	169,198
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	77,019	74,674	52,025	79,932	71,016	354,666
3 Gross receipts from activities that are not an unrelated trade or business under section 513			1,251	2,809	1,910	5,970
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	104,814	99,532	100,565	110,547	114,376	529,834
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						529,834

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	104,814	99,532	100,565	110,547	114,376	529,834
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88	220	163	124	88	683
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	88	220	163	124	88	683
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 lines 9, 10c, 11, and 12.)	104,902	99,752	100,728	110,671	114,464	530,517
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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.87%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.13%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. 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).

Area for supplemental information with horizontal dashed lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

JUNIOR LEAGUE OF KINGSPORT INC

Employer identification number

62-0634742

Part I

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	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.

		(a) Event #1 <u>HOLIDAY MARKET</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	49,568	0	49,568
	2	Less Contributions		0	0
	3	Gross income (line 1 minus line 2)	49,568	0	49,568
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs	14,388	0	14,388
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses	15,121	0	15,121
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(29,509)
	11	Net income summary. Subtract line 10 from line 3, column (d)			20,059

Part III

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			0

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? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV **Supplemental Information.** 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

JUNIOR LEAGUE OF KINGSPORT INC

Employer identification number

62-0634742

Form 990-EZ, Part I, Line 8, Other Revenue: ARRANGEMENTS 1,645

Form 990-EZ, Part I, Line 8, Other Revenue: MISCELLANEOUS: 265

Form 990-EZ, Part I, Line 10, Grants Paid Activity: CHILD WELFARE, Grantee: CHILDREN

EXCEEDING EXPECTATIONS, Cash Grant: 34,846, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Amortization 374

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 4,419

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSES 4,180

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 2,048

Form 990-EZ, Part I, Line 16, Other Expenses: ASSOCIATION DUES 10,995

Form 990-EZ, Part I, Line 16, Other Expenses: ARRANGEMENTS: 2,458

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 375

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES AND LICENSES: 222

Form 990-EZ, Part I, Line 16, Other Expenses: PRESIDENTS FUND: 1,245

Form 990-EZ, Part I, Line 16, Other Expenses: PUBLIC AFFAIRS: 2,688

Form 990-EZ, Part I, Line 16, Other Expenses: REPAIRS AND MAINTENANCE: 1,553

Form 990-EZ, Part II, Line 24, Other Assets: PROPERTY AND EQUIPMENT: Beginning of year:

25,318, End of year: 20,525

Form 990-EZ, Part II, Line 24, Other Assets: INVENTORY: Beginning of year: 3,925, End of year:

3,926

Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSES: Beginning of year: 689, End of

year: 689

Form 990-EZ, Part II, Line 26, Liabilities: ACCOUNTS PAYABLE: Beginning of year: 413, End of

year: 582

Form 990-EZ, Part II, Line 26, Liabilities: ACCRUED PAYROLL TAX: Beginning of year: 1,655, End

of year: 1,699

Form 990-EZ, Part II, Line 26, Liabilities: DEFERRED DUES: Beginning of year: 19,747, End of

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

Schedule O (Form 990 or 990-EZ) (2013)

HTA

Name of the organization

Employer identification number

JUNIOR LEAGUE OF KINGSPORT INC

62-0634742

year: 19,125

Form 990-EZ, Part II, Line 26, Liabilities: OTHER ACCRUED LIABILITIES: Beginning of year:

1,000, End of year: 1,000

Form 990-EZ, Part III, Line 28: COMMUNITY PROJECTS - THESE ARE ACTIVITIES WHICH THE MEMBERS

CONTRIBUTE RAISED FUNDS TO FURTHER THE EFFORTS OF THE ORGANIZATIONS IN THE COMMUNITY

Form 4562 Statement - 990EZ

5/31/2014

Item No	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec , 179, Bonus	2013 Deprec	2013 Accum Deprec
Depreciation Detail																
MACRS deductions for prior years (Line 17)																
2	BUILDING	4/1/1988		100 00%	41,700	0	0	0	0	41,700	30	SL/GDS	HY	34,982	1,390	36,372
3	BUILDING IMPROVEMENTS	6/1/1988		100 00%	52,903	0	0	0	0	52,903	30	SL/GDS	HY	44,086	1,763	45,849
3	BUILDING IMPROVEMENTS	9/1/1988		100 00%	1,061	0	0	0	0	1,061	30	SL/GDS	HY	876	35	911
73	HEADQUARTERS - WINDOW	4/8/1999		100 00%	7,516	0	0	0	0	7,516	15	SL/GDS	HY	7,098	250	7,348
79	HEAT PUMP	6/19/2000		100 00%	1,950	0	0	0	0	1,950	15	150DB	HY	1,662	115	1,777
78	PAVING	2/1/2001		100 00%	1,260	0	0	0	0	1,260	15	150DB	HY	1,074	74	1,148
82	ROOF	5/6/2002	R-5	100 00%	2,275	0	0	0	0	2,275	39	SL/GDS	MM	646	58	704
86	ROOF	4/23/2003	R-5	100 00%	2,680	0	0	0	0	2,680	39	SL/GDS	MM	693	69	762
88	DECK AT HEADQUARTERS	3/12/2009		100 00%	2,030	0	0	0	0	2,030	15	SL/GDS	HY	609	135	744
89	ROOF	3/24/2009		100 00%	2,800	0	0	0	0	2,800	15 0	SL/GDS	HY	840	187	1,027
91	VERIFONE OMNI 3750 CRED	9/22/2009		100 00%	500	0	0	0	0	500	5	SL/GDS	HY	367	100	467
92	OFFICE COMPUTER	4/30/2013	F-5	100 00%	1,516	0	0	758	0	758	5	200DB	HY	796	243	1,039
Total MACRS deductions for prior years (Line 17)					118,191	0	0	758	0	117,433						
Subtotal Depreciation					118,191	0	0	758	0	117,433						
Total Amortization (Line 44)																
93	WEBSITE	1/19/2013	Z-16	100 00%	1,870	0	935	0	0	1,870	5	SL	FM	1,013	374	1,387
Total Amortization (Line 44)					1,870	0	935	0	0	1,870						
Total Depreciation and Amortization					120,061	0	935	758	0	119,303						

Detail Report - 990EZ

5/31/2014										157,672		758		123,853		4,793		128,646	
Item No	Description of Property ***** indicates DISPOSED	Date Placed in Service	Asset Code	Business Use %	Cost or Other Basis	Special Allowance	AMT Type	Recovery Period	Method	Con-vention Code	Prior Accum Deprec., 179, Bonus	2013 Current Deprec	2013 Accum Deprec						
1	LAND	4/1/1988	N-1	100 00%	8,500		0	0			0	0	0						
2	BUILDING	4/1/1988		100 00%	41,700		0	30	SL/GDS	HY	34,982	1,390	36,372						
3	BUILDING IMPROVEMENTS	9/1/1988		100 00%	1,061		0	30	SL/GDS	HY	876	35	911						
3	BUILDING IMPROVEMENTS	6/1/1988		100 00%	52,903		0	30	SL/GDS	HY	44,086	1,763	45,849						
5	BASEMENT LIGHTS	9/1/1992		100 00%	200		0	10	SL/GDS	HY	200	0	200						
6	HEAT PUMP	8/3/1993		100 00%	3,816		0	10	SL/GDS	HY	3,816	0	3,816						
7	PAVING	9/29/1994		100 00%	900		0	10	SL/GDS	HY	900	0	900						
8	WINDOW REPLACEMENT	5/14/1996		100 00%	1,251		0	10	SL/GDS	HY	1,251	0	1,251						
9	HOT WATER HEATER	12/23/1997		100 00%	279		0	10	SL/GDS	HY	279	0	279						
10	HOT WATER HEATER	1/9/1998		100 00%	279		0	10	SL/GDS	HY	279	0	279						
11	REDWOOD SIGN	1/21/1998		100 00%	415		0	10	SL/GDS	HY	415	0	415						
12	5RED BRICK PAVE	4/3/1998		100 00%	1,576		0	15	SL/GDS	HY	1,576	0	1,576						
13	EQUIPMENT & FIXTURES	5/13/1973		100 00%	3,123		0	7 00	SL/GDS	HY	3,123	0	3,123						
14	TRAYES FOR ADDRESSES	3/8/1978		100 00%	30		0	1 0	SL/GDS	HY	30	0	30						
16	OFFICE FURNITURE	1/6/1979	F-11	100 00%	901		0	7	SL/GDS	HY	901	0	901						
19	MR COFFEE	2/16/1982		100 00%	48		0	5	SL/GDS	HY	48	0	48						
22	ELECTRIC STAPLER	5/6/1988		100 00%	82		0	5	SL/GDS	HY	82	0	82						
23	DESK	7/18/1983		100 00%	152		0	5 00	SL/GDS	HY	152	0	152						
24	CONWAY TYPING TABLE	7/18/1983		100 00%	60		0	5	SL/GDS	HY	60	0	60						
25	COMPUTER TABLE	4/15/1984		100 00%	45		0	5	SL/GDS	HY	45	0	45						
27	COMPUTER TASK CHAIR	5/30/1984		100 00%	94		0	5	SL/GDS	HY	94	0	94						
30	FILE CABINET	5/21/1986		100 00%	136		0	5	SL/GDS	HY	136	0	136						
31	DOOR LOCK	6/14/1986		100 00%	350		0	5	SL/GDS	HY	350	0	350						
32	FILE CABINET	8/6/1986		100 00%	116		0	5	SL/GDS	HY	116	0	116						
33	2 FILE CABINETS	3/28/1988		100 00%	215		0	5	SL/GDS	HY	215	0	215						
34	2 CHAIRS	3/31/1988		100 00%	200		0	5	SL/GDS	HY	200	0	200						
35	DINETTE SET	8/16/1988		100 00%	200		0	7	SL/GDS	HY	200	0	200						
36	LAMP	8/16/1988		100 00%	40		0	7	SL/GDS	HY	40	0	40						
37	DESK AND 2 CHAIRS	8/16/1988		100 00%	1,300		0	7	SL/GDS	HY	1,300	0	1,300						
40	ANTIQUE TABLE	5/31/1991		100 00%	65		0	7	SL/GDS	HY	65	0	65						
41	ANTIQUE TOP	5/31/1991		100 00%	70		0	7	SL/GDS	HY	70	0	70						
42	ANTIQUE TABLE	5/31/1991		100 00%	45		0	7	SL/GDS	HY	45	0	45						
43	ANTIQUE TOP	5/31/1991		100 00%	30		0	7 0	SL/GDS	HY	30	0	30						
45	ANTIQUE DISPLAY	5/31/1991		100 00%	135		0	7	SL/GDS	HY	135	0	135						
46	ANTIQUE GOURMET	5/31/1991		100 00%	6		0	7	SL/GDS	HY	6	0	6						
47	ANTIQUE JELLY CUPBOARD	5/31/1991		100 00%	165		0	7	SL/GDS	HY	165	0	165						
48	3 TIERED SHELVES	5/31/1991		100 00%	75		0	7 0	SL/GDS	HY	75	0	75						
50	HEADQUARTERS FURNITUR	5/31/1991		100 00%	31		0	7	SL/GDS	HY	31	0	31						
51	STEEL SHELVES	5/31/1991		100 00%	15		0	7	SL/GDS	HY	15	0	15						
52	ADDING MACHINE	5/31/1991		100 00%	54		0	7	SL/GDS	HY	54	0	54						
53	TELEPHONE	5/31/1991		100 00%	45		0	7	SL/GDS	HY	45	0	45						
54	DISPLAY CABINETS	5/31/1991		100 00%	160		0	7 0	SL/GDS	HY	160	0	160						
55	COUNTER TOPS	5/31/1991		100 00%	104		0	7	SL/GDS	HY	104	0	104						
57	REFRIGERATOR	11/19/1991		100 00%	125		0	7	SL/GDS	HY	125	0	125						
59	DEHUMIDIFIER	9/1/1992		100 00%	215		0	7	SL/GDS	HY	215	0	215						
63	PHONE PRESIDENT	11/20/1995		100 00%	70		0	7	SL/GDS	HY	70	0	70						
64	EQUIPMENT & FIXTURES BB	5/31/1973	F-11	100 00%	135		0	7	SL/GDS	HY	135	0	135						
65	CLOTHING RACKS BB	10/24/1984	F-10	100 00%	600		0	7	SL/GDS	HY	600	0	600						
66	STORAGE RACKS BB	8/26/1986	F-11	100 00%	235		0	7	SL/GDS	HY	235	0	235						

Detail Report - 990EZ

5/31/2014														157,672		758		123,853		4,793		128,646	
Item No	Description of Property ***** indicates DISPOSED	Date Placed in Service	Asset Code	Business Use %	Cost or Other Basis	Special Allowance	AMT Type	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179, Bonus	2013 Current Deprec	2013 Accum Deprec										
67	5 CASH REGISTER BB	7/27/1989		100 00%	750	0		5 0	SL/GDS	HY	750	0	750										
68	27 CLOTHING RACKS BB	8/2/1989		100 00%	360	0		7	SL/GDS	HY	360	0	360										
70	BOOKSHELVES 4 BB	10/31/1993	F-11	100 00%	160	0		7	SL/GDS	HY	160	0	160										
73	HEADQUARTERS - WINDOW	4/8/1999		100 00%	7,516	0		15	SL/GDS	HY	7,098	250	7,348										
74	OFFICE EQUIPMENT	9/24/1998		100 00%	1,393	0		7	SL/GDS	HY	1,393	0	1,393										
75	CASH REGISTERS BB	9/15/1999	F-11	100 00%	1,005	0		7	SL/GDS	HY	1,005	0	1,005										
76	EQUIPMENT TELE-OPTICS	3/9/2000		100 00%	2,600	0		5 0	SL/GDS	HY	2,600	0	2,600										
77	REPALCE WATER LINES	5/31/2000		100 00%	1,700	0		10	SL/GDS	HY	1,700	0	1,700										
78	PAVING	2/1/2001		100 00%	1,260	0		15	150DB	HY	1,074	74	1,148										
79	HEAT PUMP	6/19/2000		100 00%	1,950	0		15	150DB	HY	1,662	115	1,777										
81	COMPUTER	2/18/2002		100 00%	1,256	0		5 0	SL/GDS	HY	1,256	0	1,256										
82	ROOF	5/6/2002	R-5	100 00%	2,275	0		39	SL/GDS	MM	646	58	704										
83	2 LOBBY CHAIRS	5/8/2002		100 00%	200	0		7	SL/GDS	HY	200	0	200										
84	1 DESK CHAIR	5/8/2002		100 00%	40	0		7	SL/GDS	HY	40	0	40										
85	1 SIDE CHAIR	5/8/2002		100 00%	30	0		7	SL/GDS	HY	30	0	30										
86	ROOF	4/23/2003	R-5	100 00%	2,680	0		39	SL/GDS	MM	693	69	762										
87	COMPUTER MONITOR	1/9/2004		100 00%	129	0		5	200DB	HY	129	0	129										
88	DECK AT HEADQUARTERS	3/12/2009		100 00%	2,030	0		15	SL/GDS	HY	609	135	744										
89	ROOF	3/24/2009		100 00%	2,800	0		15 0	SL/GDS	HY	840	187	1,027										
90	COPIER	4/17/2007		100 00%	1,300	0		5	200DB	HY	1,300	0	1,300										
91	VERIFONE OMNI 3750 CRED	9/22/2009		100 00%	500	0		5	SL/GDS	HY	367	100	467										
92	OFFICE COMPUTER	4/30/2013	F-5	100 00%	1,516	758		5	200DB	HY	796	243	1,039										
93	WEBSITE	1/19/2013	Z-16	100 00%	1,870	0		5	SL	FM	1,013	374	1,387										
SubTotals					157,672	758					123,853	4,793	128,646										
Less Disposed Assets					(0)	(0)					(0)	(0)	(0)										
Ending Totals					157,672	758					123,853	4,793	128,646										

Page 1 of 1 of Part IV

Employer identification number

62-0634742

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment

Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

JUNIOR LEAGUE OF KINGSPORT INC

Business or activity to which this form relates

990EZ

Identifying number

62-0634742

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	4,419
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,419
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					374
					374