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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	or the	2013 calendar year, or tax year beginning JUN 1, 2013 and	enaing	MAI 31, 2014	_
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres change	JUNIOR LEAUGE OF LAKE CHARLES, INC.			
<u> </u>	Name change		_	72-60	029070
L	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui		
	Termin- ated	1019 LAKESHORE DRIVE		337-4	436-4025
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	292,658.
	Application			H(a) Is this a group re	turn
	pendin	F Name and address of principal officer.		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
$\overline{}$	Tay-eye	mpt status: X 501(c)(3) 501(c) ()	or 5		list. (see instructions)
Ė	Wehsit	WWW.JLLC.NET		H(c) Group exemption	
		organization: X Corporation	L Ye		State of legal domicile: LA
		Summary		- , .	
_	1 1	Briefly describe the organization's mission or most significant activities. ASSE	SS &	PROVIDE SERV	ICE TO
প্রভাগে বিজ্ঞান্ত Activities & Governance		COMMUNITY, TRAIN MEMBERS FOR COMMUNITY S	ERVIC	CE	
Ē	-	Check this box I if the organization discontinued its operations or dispo			sets.
<u>.</u> ₹		Number of voting members of the governing body (Part VI, line 1a)		3	7
် ပ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
. og		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
je je Zieje		Total number of volunteers (estimate if necessary)		6	0
Activities & Gov	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	3,300.
J) Z		Net unrelated business taxable income from Form 990-T, line 34		7b	<139.>
<u> </u>	 ~	Tet difficiated business taxable into the front of the second right right of the second right of the second right ri		Prior Year	Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)	Ī	82,393.	96,289.
Revenue	1	Program service revenue (Part VIII, line 2g)	0.	0.	
∍ §		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	T I	410.	344.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,	131,330.	119,885.
) 1	12	Total revenue - add lines 8 through 11 (must equal Part VIII, polonic (A) (line 12)	∦	214,133.	216,518.
~ —	13	Grants and similar amounts paid (Part IX, column (A), lines 137	RS-0SC	0.	0.
	1		\o\	0.	0.
s	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)	18/1	14,127.	15,075.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1 (e)	75/	0.	0.
ē	ь .	Total fundraising expenses (Part IX, column (D), line 25)	0. ¹		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		224,298.	246,762.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ľ	238,425.	261,837.
		Revenue less expenses Subtract line 18 from line 12	ľ	<24,292.	> <45,319.>
50	3		Ì	Beginning of Current Year	End of Year
SE 5	20	Total assets (Part X, line 16)		645,652.	594,962.
ASS	21	Total liabilities (Part X, line 26)	Ī	29,150.	23,779.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		616,502.	571,183.
P	art II	Signature Block			
Un	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedul	es and sta	tements, and to the best of m	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepa	arer has any knowledge,	1
		Michelle Cauardo			115
Sig	gn	Signature of officer		Date	•
Не	re	PRESIDENT Michelle Edwards			
		Type or print name and title			
		Print/Type preparer's name Preparer's sygnature	1		X PTIN
Pa	id	ANNE COLLETTE And Collett	0	04/06/15 self-employ	P00166717
	eparer	Firm's name ANNE COLLETTE, CPA		Firm's EIN	
Us	e Only	Firm's address P.O. BOX 1956			T 004 0050
_		LAKE CHARLES, LA 70602-1956		Phone no. 3 3	7-304-0860
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
332	2001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form 990 (2013)

orm	990 (2013) JUNIOR LEAUGE OF LAKE CHARLES, INC.	72-6029070 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE JUNIOR LEAGUE OF LAKE CHARLES, INC. IS AN ORGANIZAT	
	COMMITTED TO PROMOTING VOLUNTARISM, TO DEVELOPING THE POWOMEN, AND TO IMPROVING THE COMMUNITY THROUGH EFFECTIVE	
		21/611
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes LAL NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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.	
40	CA F10) to \$
4a	(Code (Expenses \$ 04,519. including grants of \$) (Reven COMMUNITY ASSISTANCE	
	COFMONITI ADDIDITATED	
		· · · · · · · · · · · · · · · · · · ·
41.	213	nue \$)
4b	(Code) (Expenses \$ 213. including grants of \$) (Reven)
	FROVIDIONAL INAIMING & INCOLUTE	
4c	(Code) (Expenses \$ 57,591. including grants of \$) (Rever	nue \$
40	COMMUNITY INVOLVEMENT	,
	Other program services (Describe in Schedule O)	
-ru	(Expenses \$ including grants of \$) (Revenue \$	1
4e	Total program service expenses 122,323.	
	- Compression Control of the Control	Form 990 (2013)

orm 9	99D (2013) JUNIOR LEAUGE OF LAKE CHARLES, INC. 72-6029 IV Checklist of Required Schedules	070	P	age 3
raii	TIV Checklist of nequired ochedules		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
	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		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u> </u>
	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	$ \mathbf{x} $	
	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	l	x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 -	 	
	Schedule D, Part III	8		х
	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?			Ì
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	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	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l	ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	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			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	Х
	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			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	1	X
	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	1	 ^*
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	1	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Ī	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2013)

X

16

17

18

19

20a

20b

X

X

X

17

Form 990 (2013) JUNIOR LEAUGE OF LAKE CHARLES, INC.

[Part IV | Checklist of Required Schedules (continued) Page 4

			W	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		Х
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 25a	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			
	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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		-
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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	<u> </u>	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	- T
	contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
00	If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52	_	
33	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			
•	Part V, line 1	34		х
35a	The state of the s	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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JUNIOR LEAUGE OF LAKE CHARLES, INC. Form 990 (2013)

JUNIOR LEAUGE OF LAKE CHARLES,

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng							
	(gambling) winnings to prize winners?			1c						
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	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country: ►		<u> </u>							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			Х				
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?									
7										
а										
b										
С										
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e						
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of supplied and the sup		20010	7f	-					
9	If the organization received a contribution of qualified intellectual property, did the organization file Files organization received a contribution of care boots, arralance, or other vehicles, did the organization		•	7g	\vdash					
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7h						
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			В						
9	Sponsoring organizations maintaining donor advised funds.	u.i.y t.i.i	io during the your	-		-				
а	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:			<u> </u>	·					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				İ				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1						
11	Section 501(c)(12) organizations. Enter:			1						
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	<u> </u>	<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.					{				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	ı							
	organization is licensed to issue qualified health plans	13b		1		I				
C	•	_13c	L	 	 	 				
14a	,,,,			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	ie O		14b	ì	I				

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

 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 7 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? 7а b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request \square Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JUNIOR LEAGUE OF LAKE CHARLES -337-436-4025 1019 LAKESHORE DRIVE, LAKE CHARLES,

Form	990	(2013))
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JUNIOR LEAUGE OF LAKE CHARLES, INC.

72-6029070

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organiza		orga	anıza			npe	nsat			
(A)	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation	compensation from related	amount of other
	(list any	ğ						from the	organizations	compensation
	hours for	trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	66 07	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	Institutional trustee		Key employee	Highest compensated employee		,		and related
	below	Individual t	rtuto	Ser	emp	loyee	ner			organizations
	line)	밀	Inst	Officer	Key	풀를	쥰		-	
(1) STEPHANIE KARPOVS	10.00								_	
PRESIDENT	1000	<u> </u>		X		<u> </u>		0.	0.	0
(2) MICHELLE EDWARDS	10.00									_
PLANNING VICE PRESIDENT		<u> </u>	L	X				0.	0.	0
(3) JENNY GRIMBALL	10.00				ĺ			_	_	
COMMUNITY VICE PRESIDENT		<u> </u>		Х		L		0.	0.	0
(4) BECKY DUPRE	10.00				İ	İ				
COMMUNICATIONS VICE PRESID				Х	L			0.	0.	0
(5) LAURIE CUNNINGHAM	10.00									
MEMBERSHIP VICE PRESIDENT				X				0.	0.	0
(6) ASHLEY KERNS	10.00									
FINANCE VICE PRESIDENT				X			<u> </u>	0.	0.	0
(7) HALEIGH LYONS	2.00			1						
NOMINATING		L	<u> </u>	X				0.	0.	0
(8) ANN KNAPP	1.00			ļ						
SUSTAINING ADVISOR				X				0.	0.	0
(9) HOLLY MCELVEEN	5.00]								
PLACEMENT				Х				0.	0.	0
(10) MELANIE MCMULLEN	5.00									
ADVISORY PLANNING & BYLAWS			L	X				0.	0.	0
(11) EMILY ABSHIRE	5.00	<u> </u>	1							••
STATEGY PLANNING				X				0.	0.	0
										# **
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Part VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C						
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable Reportable					
	hours per	box	, unle:	ss pe	rson i	is bot	h an	compensation	compensatio	n	am	ount (of
	week	┝	cer an	d a d	recto	r/trus	tee)	from	from related			other	
	(list any	Individual trustee or director						the	organizations			oensa	
	hours for	흉	ا ي			ated		organization	(W-2/1099-MIS	;C)		om the	
	related	ste	ruste	i	ا	Suad		(W-2/1099-MISC)		l	_	anızatı	
	organizations below		Institutional trustee	ĺ	Key employee	Highest compensated employee	1					i relati	
	line)	Ĕ	atta	Officer	l e	ghest	E E				orga	nızatı	ons
		트	=	5	볼	호	8						
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1b Sub-total		.l	i	Ь	<u> </u>			0.		0.			0.
	VII Section A							0.		0.			ŏ.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu	t not limited to t	hoor	lint		hov	0) 146	bo 5	J	000 of reportab				<u> </u>
	t not iimited to t	nose	11511	eu a	DOV	e) w	110 1	eceived more than \$ 100	7,000 of reportab	ie			C
compensation from the organization	· · · · · · · · · · · · · · · · · · ·				_						<u> </u>	Yes	No
3 Did the organization list any former offic	or director or tr	ueta	م اده	3V 0	mole	\\\\	or	highest compensated a	mployee on				
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			, n	sy e	прк	Јусс	, 01	riigriest compensated e	inployee on		3		X
•			~~~		atio		d at	har companyation from	the organization		-		
4 For any individual listed on line 1a, is the and related organizations greater than \$									the organization		4	1	Х
									udual for convices		-		
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," c							relai	ted organization or indiv	idual for services		5		х
Section B. Independent Contractors	ompiete Schedu	ie u	101 3	ucn	per	3011					<u> </u>		
	componented in	don	ende	ant /	cont	ract	ore f	that received more than	\$100,000 of con	nnens	ation f	rom	
1 Complete this table for your five highest the organization. Report compensation 1										ipens	allOff	10111	
	or the calendar	yeai	CIIU	iiig	WILLI	OI V	710111	(B)	year T		((<u>.,</u>	
(A) Name and busine	ess address	N	ON:	E				Description of s	services	C	ompe		n
									1				
					_	_					<u> </u>		
									İ				
2 Total number of independent contractor	s (includina but	not	lımıte	ed to	o the	ose I	ste	d above) who received r	nore than				
\$100,000 of compensation from the org						0		,					
Tros,000 or compensation from the org									-		Form	990 /	2012

Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 62,077. 1b **b** Membership dues 33,342. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 870 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 96,289 Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 344. 344 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 33,342. of including \$ contributions reported on line 1c). See a 184,666. Part IV. line 18 76,140. b Less direct expenses 108,526. 108,526. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 900099 8,059. 8,059. **NEWSHEET** 511190 3,300. 3,300. d All other revenue 11,359. e Total, Add lines 11a-11d 3,300. 108,870. 216,518. Total revenue. See instructions. 8,059.

Form 990 (2013) JUNIOR LEAUGE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	·		mplete column (A).	···
Do. 1	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 001		1.4.001	
7	Other salaries and wages	14,021.		14,021.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 054		1 054	
10	Payroll taxes	1,054.		1,054.	
11	Fees for services (non-employees).				
a	Management Legal				
b	Accounting	8,135.	800.	7,335.	
d	Lobbying	0,133.		7,333.	
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		-		
a	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,782.	547.	6,235.	
13	Office expenses	11,537.	972.	10,565.	
14	Information technology	3,432.	200.	3,232.	
15	Royalties				
16	Occupancy	22,226.		22,226.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.4 0.1 0	04-505		<u></u>
19	Conferences, conventions, and meetings	24,312.	21,787.	2,525.	
20	Interest	1,551.	17 045	1,551.	
21	Payments to affiliates	24,350. 7,222.	17,045.	7,305.	
22	Depreciation, depletion, and amortization	6,541.		6,541.	
23	Insurance Other expenses. Itemize expenses not covered	0,541.		0,341.	
24	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	SUPPLIES	59,449.	55,409.	4,040.	
b	MISCELLANEOUS	29,302.	19,110.	10,192.	
c	DDTMTMC	24,856.	6,453.	18,403.	
d	VIII CONTRACTOR TO THE TANK TH	17,067.	-,	17,067.	
e		-			, , <u>, , , , , , , , , , , , , , , , , </u>
25	Total functional expenses. Add lines 1 through 24e	261,837.	122,323.	139,514.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				· · · · · · · · · · · · · · · · · · ·

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 609,987. 551,089. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 16,490. 10,514. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 318. 318. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 157,837. 10a basis Complete Part VI of Schedule D 140,720. 24,338. 17,117. 10c b Less: accumulated depreciation 10b 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 8,949. Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 495. 15 15 Other assets. See Part IV, line 11 645,652. 594,962. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 23,779. 29,150. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 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 29,150. 23,779. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 607,464. 562,135. 27 Unrestricted net assets 9,038. 9,048. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 616,502. 571,183. 33 33 Total net assets or fund balances

645,652.

Total liabilities and net assets/fund balances

	1990 (2013) JUNIOR LEAUGE OF LAKE CHARLES, INC.	72-602	9070	Pag	e 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		l l			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 19.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	610	5,5	02.
5	Net unrealized gains (losses) on investments	5	_		
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	57:	1,1	83.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<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			
	separate basis, consolidated basis, or both.			i	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt]	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

				LEAUGE OF LA						/	2-6029	10/0
Pa				ity Status (All organiz					ructions			
he o	organ	zation is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	юх.)				
1		A church, coi	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	ı .			
2		A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3				tal service organization of		in section	170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	rıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	l's name,
		city, and stat				•				-	-	
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in	
_		-	(b)(1)(A)(iv). (Comple	-	•	•	•	•				
6				ent or governmental unit	t described	d ın sectio	n 170(b)(1	I)(A)(v).				
7	一	•	. •	eives a substantial part					r from the	general	public des	cribed in
•		-	b)(1)(A)(vi). (Comple	•			•			J		
8				section 170(b)(1)(A)(vi). ((Complete	Part II.)						
	X	•		eives: (1) more than 33 1		•	rom contri	butions, n	nembershi	p fees. a	nd aross re	eceipts from
-		_		nctions - subject to certa							-	
			•	axable income (less sect	•	•	•				•	
			509(a)(2). (Complete	· · · · · · · · · · · · · · · · · · ·		,		•	, ,			
10				perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I).			
11		An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes	of one or
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2) See sec	tion 509(a)(3) . Ch	eck the bo	x that
		describes the	type of supporting	organization and comple	ete lines 1	1e through	n 11h.					
		a Type I	ь Б	ype II 💢 🗀 Ty	ype III - Fui	nctionally	integrated	c	і 🔲 Тур	e III - No	n-functiona	lly integrate
e		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons of	her than
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			
		supporting of	rganization, check th	nis box								
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?		
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and ((iii) below	',	Yes No
		the gove	erning body of the s	upported organization?							11g(i)	1
		(ii) A family	member of a person	n described in (i) above?							11g(ii))
		(iii) A 35% (controlled entity of a	person described in (i) o	or (iı) above	e?					11g(iii	
h		Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
					,							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c			ı notify the	(vi) Is organization	the	(vii) Amour	it of monetar
	orga	anızatıon			in col. (i) lis			ion in col.	i (i) organız	ed in the	su	pport
				above or IRC section (see instructions))	governing			r support?	US			
				(**************************************	Yes	No	Yes	No	Yes	No		
			<u> </u>			ļ		<u> </u>	 	 		
								:				
					<u> </u>							
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					 	-	<u> </u>		-			
Tota	al		1		ĺ	İ						

Schedule A (Form 990 or 990-EZ) 2013 JUNIOR LEAUGE OF LAKE CHARLES, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(4)(A)(b) 72-6029070 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				1		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions					i	
•	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)			1			
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			<u> </u>	<u> </u>	l	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(4) 2000	(5) 2010	(6) 2011	(4) 2012	(0) 20 10	(i) rotar
8	Gross income from interest,						
J	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on					ł	
10	Other income. Do not include gain				 		
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10					<u> </u>	
	Gross receipts from related activities.	etc (see instructi	Lone)		I	12	
	First five years. If the Form 990 is for	·		rd fourth or fifth t	av voar as a soctio	L	
13	organization, check this box and stop	=	s mst, second, an	ia, iourni, or mari	iax year as a section)	▶ []
Se	ction C. Computation of Pub	ic Support Pe	rcentage		•		
	Public support percentage for 2013 (column (fl)		14	%
	Public support percentage from 2012		•	(///		15	%
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies						▶ □
r	33 1/3% support test - 2012. If the		•		d line 15 is 33 1/39	6 or more, check th	nis box
•	and stop here. The organization qua						▶ □
17:	10% -facts-and-circumstances tes	•			ne 13. 16a. or 16b.	and line 14 is 10%	or more.
176	and if the organization meets the "fac	`	•				•
	meets the "facts-and-circumstances"			•	•	activition are organ	_
	10% -facts-and-circumstances tes	-	•		-	17a and line 15 ie	10% or
Ľ	more, and if the organization meets t	-					
	organization meets the "facts-and-cir						. □
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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

Content Cont	Soc	tion A. Public Support	elow, please comp	lete Part II)				
Griss receipts from admissions, menchandies sold or semices per formed, or facilities that are not an unrelated trade or business under section 513 4. Tax revenues level for the organization's benefit and either part to the organization's benefit and either part to the organization and substitution in the organization of substitution in the organization in the organization in the organization in the organization in the organization is surveined. The organization is benefit and either part to or expended on this sehilar for the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without the organization organization organization organization organization organization organization without the organization without the organization witha			() 0000	"	4-3-0044	4-0 0040	(+) 0040	
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Schedule A	(Form 990 or 9	90- <u>EZ) 2013</u>	JUNIO	R LEAUGI	E OF	LAKE	CHARLE	S, INC	. 7	2-602907	0 Page 4
Part IV	Suppleme	ntal Inforn	nation. F	Provide the expl	lanation	s required	by Part II, line	e 10; Part II, I	ne 17a or 17	o; and Part III, lin	e 12.
	Also complete	e this part for	any additi	onal information	n. (See i	nstructions	s).				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number JUNIOR LEAUGE OF LAKE CHARLES. 72-6029070 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X No are the organization's property, subject to the organization's exclusive legal control? _ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued			PROGE OF					~ C:		0029		Page Z
check at that apply): a Description a Doan or exchange programs a Pable exhibition b Scholarly research e Other												
a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Except and the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Except and Custodial Arrangements. Complete if the organization is collection? Preservation of Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Beginning balance Additions during the year Beginning balance Additions during the year Beginning balance Additions during the year Beginning of the organization include an amount on Form 990, Part X, line 21? Bridge Balance Diff "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Additions of the organization include an amount on Form 990, Part IV, line 10. Contributions Additions of the part Allic Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions A certain the arranges, gains, and losses Grants or scholarships Grantship restricted organizations Grantship restricted organizations Gra	3		on, and other record	s, check	any of the	following tha	it are a s	signific	cant use of	its colle	ection ite	:ms
b Scholarly research e Other												
c	-		_			nange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization slot or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Figure 17 February 17 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Beginning balance 3 Additions during the year 4 Ending balance 4 Additions during the year 5 Ending balance 5 Distributions during the year 6 Ending balance 9 Determination at the provided in Part XIII. 10 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 11 Elementary 12 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 12 Beginning of year balance 13 Enginning of year balance 14 Courrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 15 Contributions 16 Charles the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quaesiendowment ▶	b		е	L (Other					_		
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements			•								<u> </u>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements				SWITTERIL	idilds.							
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value). Part IV	. line 11a S	ee Form 990). Part X	. line 1	0			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements						_				(d)	Book va	
1a Land b Buildings c Leasehold improvements		bosonphism or property	1 ' '							(4)		
b Buildings c Leasehold improvements	12	Land	,			• '			•			
c Leasehold improvements									 	-	-	
		•										
		Equipment				676.			676.			0.
e Other 157,161. 140,044. 17,117.					15			140			17,	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			qual Form 990, Part	X, colur							17,	<u>117.</u>

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L Schedule D (Form 990) 2013

(8)

Sche	dule D (Form 990) 2013 JUNIOR LEAUGE OF LAKE C		72-6029070 Pa	ige 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	ا مه ا		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		
b	Add lines 4a and 4b	<u> 40 </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12))	5	
	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper		
	Complete if the organization answered "Yes" to Form 990, Part IV, lin		,	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c		2c		
d		2d		
		•	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	· · · · · · · · · · · · · · · · · · ·	[4b	4c	
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	•	4c 5	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	9.)	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	
5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4, Part IV, lines 1b and 2b; F	5	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.us.gov/form.990 Employer identification number

Open To Public

OMB No 1545-0047

JUNIOR LEAUGE OF LAKE CHARLES, INC. 72-6029070 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b С Phone solicitations J Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No Total 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

Pa	irt	·						
		of fundraising event contributions and gr)-EZ, lines 1 and 6b. List		ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			HOLIDAY	GOLF	NONE	(add col. (a) through		
			MARKET	TOURNAMENT		col. (c))		
ø)			(event type)	(event type)	(total number)	COI. (C))		
ň								
Revenue	1	Gross receipts	173,831.	10,835.		184,666.		
ш.								
	2	Less. Contributions	26,757.	6,585.		33,342.		
				·				
	3	Gross income (line 1 minus line 2)	147,074.	4,250.		151,324.		
	4	Cash prizes						
m	5	Noncash prizes						
Se			1					
þe	6	Rent/facility costs						
Direct Expenses	l _							
<u> </u>	7	Food and beverages		ļ				
Ω		Fatantanaan						
	8	Entertainment				-		
	9	Other direct expenses Direct expense summary. Add lines 4 through	O un activizació					
	10 11					151,324.		
Pa		III Gaming. Complete if the organization		990. Part IV. line 19. or i	reported more than	131,321,		
		\$15,000 on Form 990-EZ, line 6a.						
			(a) Pings	(b) Pull tabs/instant	(a) Other commo	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
ě								
_	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses								
- X	3	Noncash prizes						
뒪								
	4	Rent/facility costs						
	l _	Otto I and a second						
	5	Other direct expenses		1	N	<u> </u>		
		Volunteer labor	Yes %	Yes % No	Yes%			
	6	Volunteer labor	[L	Jenes NO	∐ No			
	٦,	Direct expense summary Add lines 2 through	h 5 in column (d)		_			
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•			
			, , ,					
9	En	iter the state(s) in which the organization opera	ites gaming activities: I	ıΑ				
é	ı İs	the organization licensed to operate gaming ac	ctivities in each of these	states?		X Yes No		
t) If	"No," explain.						
	_							
		ere any of the organization's gaming licenses r		-	year?	Yes X No		
t) If	"Yes," explain:						
	_							
	_					 		

Schedule G (Form 990 or 990-EZ) 2013 JUNIOR LEAUGE OF LAKE CHARLES, INC.

72-6029070 Page 2

11 Does the organization operate gaming activities with nonmembers? 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? 13 Indicate the percentage of gaming activity operated in. 14 The organization's facility 15 An outside facility 16 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	Does the organization operate gaming activities with normembers? 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? Indicate the percentage of gaming activity operated in. 3	<u>Sc</u> h	edule G (Form 990 or 990 EZ) 2013 JUNIOR LEAUGE OF LAKE CHARLES, INC. 72-6	029070	Page 3
13 Indicate the percentage of gaming activity operated in. a The organization's facility b An outside facility 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? b If "Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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	to administer charitable gaming? Indicate the percentage of gaming activity operated in. a The organization's facility b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address ADDESS AD	11	Does the organization operate gaming activities with nonmembers?	Yes	X No
13 Indicate the percentage of gaming activity operated in. a The organization's facility b An outside facility 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? b If "Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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	Indicate the percentage of gaming activity operated in. a The organization's facility b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, enter the amount of gaming revenue received by the organization Ps and the amount of gaming revenue retained by the third party S and the amount of gaming revenue retained by the third party. Name ▶ Address ▶ Gaming manager information: Name ▶ Description of services provided ▶ Director/officer	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
a The organization's facility b An outside facility 114 Enter the name and address of the person who prepares the organization's gaming/special events books and records' Name Address Address Address Is a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization Is and the amount of gaming revenue retained by the third party Is and the amount of gaming revenue retained by the third party. Name Address Address Is address of the third party. Name Address Is a Gaming manager information: Name Description of services provided Is an independent contractor. 17 Mandatory distributions. a is the organization required under state law to make chantable distributions from the gaming proceeds to	a The organization's facility b. An outside facility c. Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶ Address ▶ a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 'Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization required undersation. Provide the explanations required by Part I, line 2b, columns (iii) and (iv), and Part III, lines 9, 9b, 10b, 15b.		to administer charitable gaming?	_	LX. No
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Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
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15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes ▼ No □ If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party. Name ►			•	_
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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	c If "Yes," enter name and address of the third party Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15b).	b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
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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	Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	C	: If "Yes," enter name and address of the third party		
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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	Director/officer		Description of services provided		
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,				
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,				
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,		Director/officer Employee Independent contractor		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,	17	Mandaton, distributions		
1 L. 1 T.	retain the state gaming license? 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 supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,		·		
rotain the state gaming license?	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 ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,	•		Yes	X No
retain the state gaming license:	organization's own exempt activities during the tax year > \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,				
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,				
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public**

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

Inspection

JUNIOR LEAUGE OF LAKE CHARLES, INC.	72-6029070
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
EDUCATIONAL AND CHARITABLE.	
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FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THREE CLASSES OF MEMBERS: PROVISIONAL, ACTIV	E AND SUSTAINING.
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: ACTIVE MEMBERS VOTE ON EXECUTIVE SLATE EACH	YEAR.
FORM 990, PART VI, SECTION A, LINE 7B:	
EXPLANATION: ALL EXECUTIVE DECISIONS ARE VOTED OR RATIFIE	D BY THE ACTIVE
MEMBERSHIP.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FORM 990 DISTRIBUTED TO EXECUTIVE COMMITTEE	AND APPROVED AT
MONTHLY MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: ORGANIZATION HAS WEBSITE AND PUBLISHES ANNUA	
DISTRIBUTED TO THE COMMUNITY.	
DIGINIDO ID IND CONTROL -	
	