

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



Form 990-EZ

# **Short Form 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 1545-1150

Duen to Public Inspection

Department of the Treasury

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.

Internal Revenue Service JUN 30, 2014 2013 and ending For the 2013 calendar year, or tax year beginning JUL 1, Check if D Employer identification number C Name of organization Address change 23-6297641 THE JUNIOR LEAGUE OF WILKES-BARRE, Name change E Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return 63 NORTH FRANKLIN STREET 570-288-4818 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WILKES-BARRE, PA 18702 Number ▶ Application pending H Check ► X if the organization is not X Cash Accrual Accounting Method Other (specify) Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - X = 501(c)(3)4947(a)(1) or (Form 990, 990-EZ, or 990-PF) 501(c) ( ) **⋖**(insert no ) X Corporation Trust Association Form of organization 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, 25,733. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part | 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 10,005. Contributions, gifts, grants, and similar amounts received 4,865. 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 5,965. 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b 5,965. 5c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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 4,870. gross income and contributions exceeds \$15,000) 1,124. c Less direct expenses from gaming and fundraising events 3,746. Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 28. SEE SCHEDULE O 8 8 Other revenue (describe in Schedule 0) 24,609. 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 2,500. 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 2,400. 13 Professional fees and other payments to independent contractors 13 1,500. 14 14 Occupancy, rent, utilities, and maintenance 6,633. 15 Printing, publications, postage, and shipping 15 6,096. SEE SCHEDULE O 16 16 Other expenses (describe in Schedule O) 19,129. 17 17 Total expenses. Add lines 10 through 16 5,480. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 84,947. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21

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

Net assets or fund balances at end of year Combine lines 18 through 20

Form **990-EZ** (2013)

Wha	it is th
	nbe th
28	DE NE PO
29	(Gra
30	(Gra
31	(Gra
32  P <sub>i</sub>	(Gra Tota art I
TA PR TI PR	NY RES NA RES 'AC
SI	'AC REA

7-1	m 990-EZ (2013) THE JUNIOR LEAGUE OF WILK	ES-BARRE, INC	·	3-0	32370	4 T rayer
P	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res				<del></del>	
			A) Beginning of year	1	(B) Ei	nd of year
22	Cash, savings, and investments		84,947.	+ +		90,427.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		84,947.			90,427.
26	Total liabilities (describe in Schedule O)		0.	26		0.
27			84,947.	27		90,427.
P	art III Statement of Program Service Accomplishmer					penses
	Check if the organization used Schedule O to res		n in this Part III		(Required 501(c)(3) a	for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O	·			organizatio	ins and section
Desc	cnbe the organization's program service accomplishments for each of its three largest program :	services, as measured by expense	s In a clear and concise		4947(a)(1) for others	trusts, optional
man	ner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title			101 0111615	<i>'</i>
28	DEVELOPMENT AND TRAINING OF MEMBERS		COMMUNITY	_		
	NEEDS FOLLOWED BY RESEARCH AND EVAL	UATION OF THE	E LEAGUE'S	_		
	POTENTIAL ROLE IN MEETING THESE NEE	DS				
	(Grants \$ 2,500.) If this amount includes foreign g	rants, check here	<b>▶</b> [		28a	7,714.
29						
				1		
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>		29a	<del></del>
30						
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b> [		30a	<del></del>
31	Other program services (describe in Schedule O)			1		
	(Grants \$ ) If this amount includes foreign g	rants, check here	▶ [		31a	
						7 711
32	Total program service expenses (add lines 28a through 31a)				32	7,714.
32  P	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	even if not compensated - s			or Part IV)
32  P <sub>1</sub>	Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res					
32 P	art IV List of Officers, Directors, Trustees, and Key E		on in this Part IV	ee the l	nstructions fo	or Part IV)  (e) Estimated
32 P.	art IV List of Officers, Directors, Trustees, and Key E	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea	nstructions for Ith benefits, outions to yee benefit	(e) Estimated amount of other
32  P	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any questic	(c) Reportable compensation (Forms	d) Hea contril employ plans, a	nstructions for	or Part IV)  (e) Estimated
	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	Ith benefits, buttons to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
TA	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea contril employ plans, a	nstructions for lith benefits, putions to yee benefit and deferred	(e) Estimated amount of other
TP PF	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE	pond to any questic (b) Average hours per week devoted to position 5.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	ith benefits, butions to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
TP PF TI PF	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT	pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	Ith benefits, buttons to yee benefit nd deferred pensation	(e) Estimated amount of other compensation
TP PF TI PF	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON	pond to any questic  (b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit and deferred densation	(e) Estimated amount of other compensation  0.
TP PF TI PF ST	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT	pond to any questic (b) Average hours per week devoted to position 5.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	ith benefits, butions to yee benefit ned deferred pensation	(e) Estimated amount of other compensation
TP PF ST TE LC	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT PACY BOSHER REASURER ORIE CARMODY	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  5.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	d) Hea contril employ plans, a	ith benefits, butions to yee benefit nd deferred ensation  0 •	r Part IV)  (e) Estimated amount of other compensation  0.
TP PF ST TE LC	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT TACY BOSHER REASURER	pond to any questic  (b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit and deferred densation	(e) Estimated amount of other compensation  0.
TA PR ST TE LO RE	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT PACY BOSHER REASURER ORIE CARMODY	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to the benefit and deferred tensation	(e) Estimated amount of other compensation  0.  0.
TE PE ST LC REGE	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT FACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  5.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	d) Hea contril employ plans, a	ith benefits, butions to yee benefit nd deferred ensation  0 •	r Part IV)  (e) Estimated amount of other compensation  0.
TA PE ST LC REGE CO	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT PACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to vee benefit and deferred rensation    0 •	r Part IV)  (e) Estimated amount of other compensation  0.  0.
TA PE STELL REGIONS	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT TACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER ORRESPONDING SECRETARY	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to the benefit and deferred tensation	(e) Estimated amount of other compensation  0.  0.
TA PE TI PE STELLORE RECORDER	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT FACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER ORRESPONDING SECRETARY RIN GRACE	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to vee benefit and deferred rensation    0 •	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.
TE PE STELL REGERENCE FOR RECEIVED	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT PACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER ORRESPONDING SECRETARY RIN GRACE ECORDING SECRETARY	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to vee benefit and deferred rensation    0 •	r Part IV)  (e) Estimated amount of other compensation  0.  0.
TA PE STELL REGION REGI	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT PACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER ORRESPONDING SECRETARY RIN GRACE ECORDING SECRETARY OBYN CHERINKA	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the horizontal form of the ho	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.
TE PE STELL REGION REGI	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the horizontal form of the ho	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.
TE PE STELL REGION REGI	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the property of the property o	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.
TATE OF STELL OF STEL	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	pond to any questic  (b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the property of the property o	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.
TAPET TO PER STELL OF THE PER STELL OF T	Check if the organization used Schedule O to res  (a) Name and title  ANYA CUTRONE RESIDENT INA DOUGHTON RESIDENT ELECT TACY BOSHER REASURER ORIE CARMODY ECORDING SECRETARY EORGETTE HARPER ORRESPONDING SECRETARY RIN GRACE ECORDING SECRETARY SIN GRACE ECORDING SECRETARY OBYN CHERINKA SISTANT TREASURER ISA LICARI OMMUNICATIONS COUNCIL ELISSA WASSEL JND DEVELOPMENT	(b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit and deferred rensation    0 •	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.
TE PETE LO REGIONE RECOMMENTATION OF THE PETER RECOMMENT OF THE PETE	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	Description	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the heart of th	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
TENTIFIC RECEIVED FOR ME	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	(b) Average hours per week devoted to position  5.00  1.00  1.00  1.00  1.00  1.00  1.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit and deferred rensation    0 •	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.
TEPTIFISTE LICE RECEIVED IN THE STREET IN TH	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	Description   Description	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit not deferred densation    0	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.
TE TE STELLE GEORGE RESERVATION MET STELLE M	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	Description	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the heart of th	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
TATE OF STATE OF STAT	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	Description   Description	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.	d) Hea contril employ plans, a	nstructions for the benefits, buttons to yee benefit not deferred densation    0	r Part IV)  (e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.

23-6297641

Page 3

Form 990-EZ (2	2013) THE JUNIOR LEA	AGUE OF WILK	ES-BARRE	, INC	•	23-629	<u> 7641</u>	<u> </u>	Page 4	
46 Did the oi	rganization engage, directly or indirectly, in	political campaign activities	on habalf of or i	n annositian	to candidates for ni	ublic office?		Yes	No	
	omplete Schedule C, Part I	political campaign activities	S OII DEIIAII OI OI I	ir opposition	to candidates for pe	iblic office	46		Х	
	Section 501(c)(3) organization									
	All section 501(c)(3) organizations mus				the tables for line	s 50 and 51.				
<del> </del>	Check if the organization used Schedi	ule O to respond to any	question in this	Part VI				Yes	No	
17 Did the oi	rganization engage in lobbying activities or	have a section 501(h) elect	ion in effect durin	ig the tax yea	r? If "Yes," complete	Sch C, Part I	1 47	1.00	X	
	janization a school as described in section 1						48		X	
19a Did the oi	rganization make any transfers to an exemp	t non-charitable related org	janization?				49a		Х	
	vas the related organization a section 527 or	-					49b			
	this table for the organization's five highes			rs, directors,	, trustees and key er	nployees) who	each re	ceived i	nore	
than \$100	0,000 of compensation from the organization  (a) Name and title of each employed.		(b) Average	hours	(C) Reportable	(d) Health bene	efits. (1	e) Estim	ated	
	(a) warne and title of each omploy.		per week dev		compensation (Forms W-2/1099-MISC)	contributions employee bene	efit am	amount of other		
	NC	ONE	positio	n	VV-27 (099-IVIIOO)	plans, and defe compensatio	rred   co	mpens	ation	
					<del></del> -					
		····								
<del></del>						-				
				<del></del>			$\dashv$			
		· · · · · · · · ·								
	····					<u> </u>				
	nber of other employees paid over \$100,000			<u> </u>	<del></del> _	/				
	this table for the organization's five highes	it compensated independen ONE	it contractors who	o each receiv	ed more than \$100,	000 of compe	asation 1	rom the	ŧ	
	ion If there is none, enter "None " NC lame and business address of each indeper			(h) 7	Type of service	10	c) Comp	ensatio	 n	
<u> </u>				(-)	7,7		: <u> </u>			
•										
				·						
		··· · · · · · · · · · · · · · · · · ·	<del>-</del>							
	nber of other independent contractors each	•			<b></b>					
	rganization complete Schedule A? Note. All	, ,, ,	•	, ,	•	_	<b>∵</b>	_	¬	
Charitable Inder penalties of	trusts must attach a completed Schedule at perjury, I declare that I have examined this return, parer (other than officer) is based on all information	A Including accompanying sched	ules and statements	, and to the be	st of my knowledge and	belief, it is true,	correct, a	nd comp	No lete	
eciaration of pre	parer (other than othicer) is based on all information	of which preparer has any know	vledge	·-··		İ				
Sign	Signature of officer					Date				
Here		RESIDENT			· · · · · · · · · · · · · · · · · · ·					
	Type or print name and title			· <del>·</del> ···		<del></del>				
	Print/Type preparer's name	Preparer's signature	1	Date	Check	] If PTIN				
Paid	DEAN M. CABLE	Il est	Ľ	10-15	15 self-emplo	•	0542	900		
Preparer		CABLE AND CO	MPANY. T	LP	Firm's EIN					
Jse Only	Firm's address > 106 SOUTH				Phone no		825-		1	
	•	RRE, PA 1870	1							
lay the IRS dis	scuss this return with the preparer shown a	<del></del>				<b></b>	Х ү	es [	No	
			-				Form	990-EZ	(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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

inspection

OMB No 1545-0047

			THE JUN	NIOR LEA	AGUE	OF V	VIL:	KES-B	ARRE,	INC.		2	3-62	<u> 297</u>	641	L
Part	II.	Reason	for Public Char	rity Status	(All orga	nızation	s mus	st comple	te this par	t.) See ins	tructions.					
The or	ganı	zation is not a	a private foundation	because it is:	(For line	s 1 thro	ugh 1	1, check	only one b	ox.)						
1		A church, co	nvention of churche	es, or associat	ion of ch	nurches	descr	nbed in <b>se</b>	ection 170	(b)(1)(A)(i	).					
2		A school des	scribed in section 1	70(b)(1)(A)(ii).	(Attach	Schedul	le E.)									
з [		A hospital or	a cooperative hosp	ital service or	ganizatio	n descri	ıbed ı	n section	170(b)(1)	(A)(iii).						
4		A medical re-	search organization	operated in c	onjunctio	on with a	a hosp	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter	the hos	spital'	s nan	ne,
		city, and stat	te:													
5		An organizat	on operated for the	benefit of a c	ollege or	univers	ity ow	vned or op	perated by	a govern	mental un	it describ	ed in			
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).															
7	X 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 [			trust described in		)(1)(A)(v	i). (Com	plete	Part II.)								
9		An organizat	on that normally red	cerves: (1) mor	e than 3	3 1/3%	of its	support f	rom contri	butions, n	nembersh	ıp fees, a	ind gros	ss rec	eipts	from
		activities rela	ited to its exempt fu	nctions - subj	ect to ce	ertain exc	ceptic	ons, and (	2) no more	than 33 <sup>1</sup>	1/3% of its	s support	from g	jross i	ınves'	tment
		income and i	unrelated business t	axable incom	e (less s	ection 5	11 tax	x) from bu	sinesses a	acquired b	y the orga	anization	after Ju	une 3	0, 19	75.
		See section	509(a)(2). (Complet	e Part III.)	·											
10 🗌		An organizat	ion organized and o	perated exclu	sively to	test for	public	c safety. S	See <b>sectio</b>	n 509(a)(4	4).					
11 🗌		An organizat	on organized and o	perated exclu	sively for	r the ber	nefit c	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purpo:	ses o	f one	or
		more publicly	y supported organiz	ations describ	ed in se	ction 50	9(a)(1	) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	( <b>a)(3).</b> Ch	eck the	box	that	
		describes the	e type of supporting	organization	and com	nplete lin	es 11	le through	11h.							
		a Type	I Ь∭Т	ype II	c 🗀	Type III	i - Fun	nctionally	ıntegrated	•	d 🗀 Typ	e III - No	n-functi	ionall	y inte	grated
e L		By checking	this box, I certify the	at the organiza	ation is r	not contr	rolled	directly o	r indirectly	by one o	r more dis	qualified	person	s oth	er tha	an
		foundation m	nanagers and other	than one or m	ore publ	icly supp	ported	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section	า 509	(a)(2).	
f		If the organiz	ation received a wri	tten determin	ation froi	m the IR	S tha	t it is a Ty	pe I, Type	II, or Type	e 111					
		supporting o	rganization, check t	his box			-									
g		Since Augus	t 17, 2006, has the	organization a	ccepted	any gift	or co	ontribution	from any	of the foll-	owing per	sons?				
		(i) A perso	n who directly or inc	directly contro	ls, either	r alone o	r toge	ether with	persons o	tescribed	ın (II) and (	(iII) below	۰,		Yes	No
		the gov	erning body of the s	supported orga	anızatıon	17							11	1g(i)	<b></b>	
		(ii) A family	member of a perso	n described in	ı (ı) abov	e?								g(ii)		ļ
		(iii) A 35%	controlled entity of a	a person desc	ribed in (	(I) or (II) a	above	?					11	g(iii)		
h		Provide the f	ollowing information	about the su	pported	organiza	ation(s	s).								
			,						1							
(i) Na	ame i	of supported	(iı) EIN	(iii) Type of o	rganizatio				(v) Did yo		(vi) is organizati	the	(vii) An	nount	of mo	netary
	orga	nızatıon		(described o		- 1	in coi (i) listed in your				(i) organiz U S	ed in the		supp	ort	
				above or IR		Ľ			L	r support?	0.5	, <i>7</i>				
				(		Ye	es	No	Yes	No	Yes	No				
												1				
				<del> </del>	<del></del>				<b></b>	ļ		<del>                                     </del>				
							ľ			}						
				<del> </del>								<del> </del>				
						- 1										
				<del> </del>								<del>                                     </del>				
							j									
			·	<del> </del>							<u> </u>	<del>                                     </del>				
			1													
		· · · · · ·		<u> </u>	<del></del>						<del> </del>	<b>†</b>				
otal																
Julai			<u></u>	1		1	E		1	į.	1	t	i			

Schedule A (Form 990 or 990-EZ) 2013 THE JUNIOR LEAGUE OF WILKES-BARRE, INC. 23-6297641 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.) 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 36,525. 17,388. 15,318. 10,005. 119,905. 40,669. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 10,005. 119,905. 17,388. 15,318. 40,669. 36,525. 4 Total. Add lines 1 through 3 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) 119,905. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(e)** 2013 (f) Total Calendar year (or fiscal year beginning in) (b) 2010 (c) 2011 (d) 2012 (a) 2009 40,669. 36,525 17,388. 15,318. 10,005. 119,905. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 28. 188. 42 42 42. 34. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 120,093. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 99.84 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 99.74 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 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  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization

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	▶
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	<b></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	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

# Schedule A (Form 990 or 990-EZ) 2013 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

Section A. Public Support	ow, picase com	picto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				1		
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-					i	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			_			
are not an unrelated trade or bus-						
iness under section 513					-	
		<u> </u>			<del>                                     </del>	
4 Tax revenues levied for the organ-					1	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			.,,,,			
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				4		
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources					1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b					<del></del>	•
activities not included in line 10b,						
whether or not the business is						
regularly carried on  12 Other income. Do not include gain						<del> </del>
or loss from the sale of capital				ļ		
assets (Explain in Part IV.)						
I3 Total support. (Add lines 9, 10c, 11, and 12)			L	<u> </u>		
4 First five years. If the Form 990 is for t	he organızation'	's first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶
Section C. Computation of Public						
15 Public support percentage for 2013 (lin		-	column (f))	-	15	
6 Public support percentage from 2012 S				<del></del>	16	
Section D. Computation of Invest						
7 Investment income percentage for 201	-		ne 13, column (f))		17	
8 Investment income percentage from 20					18	
<b>9a 33 1/3% support tests - 2013.</b> If the o	rganization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	d stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶□
b 33 1/3% support tests - 2012. If the o	rganization did i	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	<b>top here.</b> The orga	anization qualifies	as a publicly supp	ported organization	▶ [_
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	nstructions	▶ [

t IV		I Information.				rantin, inte 10	, , a, , , , , , , , ,	7407 770,4110	Part III, IIIIe 12
	Also complete this	s part for any add	itional inform	nation. (See in	istructions).	<del></del>			
						<del></del>			
	<del></del>	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·							<del></del>	<del></del>
	<del>-,</del> ·				•				· <del>·· ·</del>
									· · · · · · · · · · · · · · · · · · ·
			-						
	· · · · · · · · · · · · · · · · · · ·								
					·	<del> </del>			·
				···					
	<del></del>	<del> </del>				<del> </del>			
					••				
			<u>-</u> .			<u>-</u>			
			<del></del>			<del></del> -	<del> </del>		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number** 

23-6297641 THE JUNIOR LEAGUE OF WILKES-BARRE, INC. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: AMOUNT: DESCRIPTION OF OTHER REVENUE: 28. INTEREST FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 4,464. **MEETINGS** 585. SUPPLIES 555. INSURANCE 75. TELEPHONE 417. FEES 6,096. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE JUNIOR LEAGUE OF WILKES-BARRE IS AN ORGANIZATION OF WOMEN COMMITTED TO IMPROVING THE WELFARE OF WOMEN AND CHILDREN IN OUR COMMUNITY. THE PURPOSE OF OUR ORGANIZATION IS TO EFFECTIVELY TRAIN WOMEN TO VOLUNTEER AS WORKERS AND LEADERS IN OUR COMMUNITY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

THE JUNIOR LEAGUE OF WILKES-BARRE, INC.

Employer identification number 23-6297641

Part IV List of Officers, Directors, Trustees, and Ke			(200 me memorione)	or railiv.)
(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 othe compensation
CYNTHIA JOHNSON		1	_	
SUSTAINER REP	1.00	0.	0.	0
JENNIFER ROGERS				
COMMUNITY COUNCIL	1.00	0.	0.	0
Water the state of				
AND THE PROPERTY OF THE PROPER				
				<del></del>
			ļ	
			}	
The Man			<del></del>	
				-
				-
				<del> </del>
	<del>.  </del>			
		<del> </del>		<u> </u>
	<del></del>			<del>                                     </del>
			<del> </del>	
<del></del>			<del></del>	
<u> </u>				
		•		
		-		
			1	
	<del></del>		ì	1

FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

# Table of Contents June 30, 2014 and 2013

	Page
Independent Accountants' Compilation Report	1
Cash Basis Financial Statements: Statements of Assets, Liabilities and Net Assets	2
Statements of Activities and Changes in Net Assets Notes to Financial Statements	3-4 5-8

#### LAWRENCE, CABLE AND COMPANY, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

106 SOUTH MAIN STREET WILKES-BARRE, PA 18701-1612

Robert G. Lawrence, CPA, CFP, CVA Dean M. Cable, CPA WILKES-BARRE (570) 825-0001

MOUNT POCONO

(570) 839-7662

Independent Accountants' Compilation Report

Board of Directors The Junior League of Wilkes-Barre, Inc. Wilkes-Barre, Pennsylvania

We have compiled the accompanying statements of assets, liabilities, and net assets - cash basis of The Junior League of Wilkes-Barre, Inc. (a nonprofit corporation) as of June 30, 2014 and 2013, and the related statements of revenues, expenses, and net assets - cash basis for the years then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the cash basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Lawrence, Cable and Company, LLI

October 9, 2014 Wilkes-Barre, Pennsylvania

Statements of Assets, Liabilities and Net Assets - Cash Basis June 30, 2014 and 2013

		2014	2013
Assets			
Cash Junior League of Wilkes-Barre Endowment	\$	51,534	\$ 52,019
Fund		38,893	32,928
Total Assets	\$	90,427	\$ <u>84,947</u>
Liabilities and Net Asse	ts		
Total Liabilities	\$		\$ 
Net Assets: Unrestricted net assets:			
Undesignated		68,165	62,685
Board designated for endowments		3,355	3,355
Total unrestricted net assets		71,520	66,040
Permanently restricted net assets		18,907	18,907
Total Net Assets		90,427	84,947
Total Liabilities and Net Assets	\$	90,427	\$ 84,947

See Independent Accountants' Compilation Report
The accompanying notes are an integral part
of these financial statements.

Statements of Activities and Changes in Net Assets - Cash Basis For the years ended June 30, 2014 and 2013

	2014	2013
CHANGES IN UNRESTRICTED NET ASSETS:		
Revenue and Other Support:		
Fund raising	\$ 4,870	\$ 13,330
Membership dues	9,855	12,393
Investment gain	5,993	4,393
Meetings	4,865	1,540
Donations	150	125
Total Revenue and Other Support	25,733	31,781
Expenses:		
Program Services:		
Community donations	2,500	3,000
Meetings	4,464	2,551
League projects	472	687
Insurance	<u> 278</u>	278
Total Program Services	7,714	6,516
Supporting Services:		
Management and general:		
Dues and subscriptions	6,212	6,076
Rent	1,500	1,125
Printing	408	1,083
Postage	13	310
Insurance	277	277 94
Office supplies	113 75	94 51
Telephone Fees	300	15
Professional fees	2,400	15
	2,400 117	
Bank charges Total Management and General	11,415	9,031
Fund raising	1,124	7,342
Total Supporting Services	$\frac{1,124}{12,539}$	$\frac{7,342}{16,373}$
Total Expenses	20,253	$\frac{10,3}{22,889}$
Increase in Unrestricted Net Assets	5,480	8,892
11.01.04.50 111 0111.05.011.00.04 1.00 11.55.005		

See Independent Accountants' Compilation Report
The accompanying notes are an integral part
of these financial statements.

Statements o	ρf	Acti	vities	and	Changes	s in	Net	Asse	ts -	Cash	Basis
Fo	or	the	years	ended	l June	30,	2014	and	2013		

	2014	2013
CHANGES IN PERMANENTLY RESTRICTED NET ASSETS:		
Donations Increase in Permanently Restricted Net Assets		
Increase in Net Assets Net Assets, beginning Net Assets, ending \$	5,480 84,947 90,427	8,892 76,055 \$ 84,947

See Independent Accountants' Compilation Report The accompanying notes are an integral part of these financial statements.

#### Notes to Financial Statements June 30, 2014 and 2013

#### 1. Nature of Operations

The Junior League of Wilkes-Barre, Inc. is a nonprofit entity organized in 1927 to promote volunteerism and provide services for charitable purposes within the Wilkes-Barre, Pennsylvania area. The organization is supported primarily through membership dues and fund raising activities.

#### 2. Subsequent Events

Management has evaluated subsequent events through October 9, 2014, the date the financial statements were available to be issued.

#### 3. Summary of Significant Accounting Policies

Basis of accounting - The accompanying financial statements have been prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under that basis, the only asset recognized is cash, and no liabilities are recognized. All transactions are recorded as either cash receipts or disbursements, and noncash transactions are not recorded. The cash basis differs from generally accepted accounting principles primarily because the effects of outstanding promises to give and to pay dues and obligations for expenses unpaid at the date of the financial statements are not included in the financial statements.

Tax exempt status - The Organization is a not-for-profit organization which is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi).

The Junior League of Wilkes-Barre, Inc.'s Forms 990, Return of Organization Exempt from Income Tax, for the years ending June 30, 2013, 2012, and 2011 are subject to examination by the IRS.

Notes to Financial Statements
June 30, 2014 and 2013

Basis of presentation - Net assets of the Organization and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> - Net assets that are not subject to donor-imposed stipulations that may be fulfilled by the actions of the Organization and/or the passage of time.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may be fulfilled by the actions of the Organization and/or the passage of time. The Organization had no temporarily restricted net assets in 2014 and 2013.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be retained and invested permanently by the Organization. The donors require the Organization to use all or part of the investment return on these net assets for specified or unspecified purposes.

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions that are not fulfilled in the accounting period. Expenses are reported as decreases in unrestricted net assets. Gains and losses on assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulations or by law. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted. Otherwise, expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated period has elapsed) are reported as net assets released from restrictions.

<u>Use of estimates</u> - The preparation of financial statements in conformity with the cash basis of accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Notes to Financial Statements June 30, 2014 and 2013

Expense allocation - The costs of providing various programs have been summarized on functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services based on management estimates.

#### 4. Endowment Fund

The Junior League of Wilkes-Barre Endowment Fund was created to support The Junior League of Wilkes-Barre, Inc. The investments in the Junior League of Wilkes-Barre Endowment Fund are held by The Luzerne Foundation. The Luzerne Foundation has permanent ownership of the principal portion of the Junior League of Wilkes-Barre Endowment Fund and in the event of dissolution of the Organization The Luzerne Foundation will control the distribution of the funds. The income from the Junior League of Wilkes-Barre Endowment Fund is to be used to support The Junior League of Wilkes-Barre, Inc.'s general activities. The Junior League of Wilkes-Barre Endowment Fund is recorded at fair value.

The composition of endowment net assets for this fund and the changes in endowment net assets as of June 30, 2014 and 2013 are as follows:

	Unrestricted		Permanently		
	Undesignated	Designated	Restricted	<u>Total</u>	
Endowment net assets, June 30, 2012 Contributions	\$ 6,308	\$ 3,355	\$ 18,907	\$ 28,570	
Investment income	4,358			4,358	
Endowment net assets, June 30, 2013 Contributions	10,666	3,355	18,907	32,928	
Investment income	5,965			5,965	
Endowment net assets, June 30, 2014	\$ <u>16,631</u>	\$ <u>3,355</u>	\$ <u>18,907</u>	\$ 38,893	

Notes to Financial Statements June 30, 2014 and 2013

## 5. Investment Loss

The following summarizes the unrestricted investment return in the statements of activities for the years ended June 30, 2014 and 2013:

	2014	2013
Interest	\$ 28	\$ 35
Net gains	5,965	4,358
_	\$ <u>5,993</u>	$$\frac{4,393}{}$