

#### 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



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

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

	\ F	or the	2013 calendar year, or tax year beginning $UUL 1$ , $2013$ and $0$	ending U	UN 30, 201	<u>4</u>
E	Ch ap	eck if plicable	C Name of organization		D Employer identi	fication number
		Addres change	JUNIOR LEAGUE OF AMARILLO			
		Name change			75-	1035793
	=	Initial return Termin ated	1700 SOUTH POLK	Room/suite	E Telephone numb	/374-0802
		Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	264,914.
		Applica Ition pendin	AMARIBBO, IX 79102		H(a) Is this a group	
			F Name and address of principal officer TIFFANY ROGERS SAME AS C ABOVE		for subordinate	
-	. т.		mpt status:     SAME AS C ABOVE	or 527	H(b) Are all subordinates	a list. (see instructions)
			e: ► WWW.JLAMARILLO.ORG	JI J21	H(c) Group exempt	
			organization: X Corporation Trust Association Other	I Year		M State of legal domicile: TX
			Summary	L 1001	oriorination. 2200	14 Cate of logal dofficinos
_	T		Briefly describe the organization's mission or most significant activities: TRAIN	NING A	ND EDUCATI	NG
	Activities & Governance	•	VOLUNTEERS	-		
	<u>E</u>	-	Check this box   if the organization discontinued its operations or dispos	sed of more	e than 25% of its net	assets
	Se		Number of voting members of the governing body (Part VI, line 1a)		3	12
	ق		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
	န္တ	5	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	1
	<b>₹</b>	6	Total number of volunteers (estimate if necessary)		6	
	5	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		78	
_	`	ЬI	Net unrelated business taxable income from Form 990 Taline 34.	]	71	0.
			RECEIVED	l L	Prior Year	Current Year
	ا يو	8 (	Contributions and grants (Part VIII, line 1h)	!	116,884	
	림	9 1	Program service revenue (Part VIII, line 2g)	<u> </u>	0	
	Revenue		nvestment income (Part VIII, column (A), lines 3,4, and 7d)	! L	3,172	1,686.
	٦	11 (	Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e)	! ∟	72,699	
_	_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.!	192,755	
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,376	
			Benefits paid to or for members (Part IX, column (A), line 4)	_	0	*1
	i is		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	18,034	
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<b>,</b> ⊢	0	0.
	쫎ㅣ		Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	1 / 5 770	144 702
	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	145,778 214,188	<u> </u>
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	<21,188	<u>.                                      </u>
-	-88	19 F	Revenue less expenses. Subtract line 18 from line 12	D.		<del></del>
į,		<b>20</b> -	Fetalto /Port V II 16\	B	eginning of Current Year 852,615	
C è	Balanc		Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		82,924	
2	521		Net assets or fund balances Subtract line 21 from line 20	_	769,691	
_			Signature Block		703,031	71373211
			ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	my knowledge and belief, it is
			t, and complete. Declaration_of preparer (other than officer) is based on all information of wh			,, te to
~ ₩ ₩	,	1	1 dela llogo	non propuror	0-1-1	5
c	Sign		Signature of officer		Date	<del></del>
	lere	.	TIFFANY ROGERS, FINANCE VP ELECT			
. 2			Type or print name and title			
-		$\neg$	Print/Type preparer's name Preparer's sagnature //	1	Date, Check	PTIN
	aid	ļ	WALTER E. WEBB, CPA Watter E. Willy		1/26/15 If self-empt	P00564222
( ) F	rep	irer	Firm's name STEWART, MARTIN, DUDLEY & WEBB 1	P.C.	Firm's EIN	75-2290093
	lse (		Firm's address P.O. BOX 669			
_			AMARILLO, TX 79105-0669		Phone no.8	06-374-7576
<u> </u>	/lay	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Form 990 (2013)

Total program service expenses

	990 (2013) JUNIOR LEAGUE OF AMARILLO 75-1035 t IV Checklist of Required Schedules	793	Р	age 3
			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
·	Schedule D, Part III	8	1	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		x
40		ا ا	_	<del>                                     </del>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۱ 🚛		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	1		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	l	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	<u> </u>	
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>	-	
Ü	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	├─	<del></del>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		x
40		. 15	├	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1 40		х
<u></u>	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	l v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		۱,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X

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

**2**0b

Form 990 (2013)

JUNIOR LEAGUE OF AMARILLO

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ.	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del></del>		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	552		
-	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		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	Х	
			990	(2013)

Page 5

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 8 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a n 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c (gambling) winnings to prize winners? 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c 7d d If "Yes." indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

14b

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

•				[77]					
	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u>Sec</u>	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12								
	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.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
5									
6 <b>-</b> -	Did the organization have members or stockholders?	6		Х					
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X					
	more members of the governing body?	7a		A					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
	The governing body?	8a	X						
þ	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	132							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
u	taxable entity during the year?	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100							
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
		16b	-						
202	exempt status with respect to such arrangements? tion C. Disclosure	I IOD		<u> </u>					
17 10		nve:l-1-	lo.						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second section 1024 if applicable is a section 1024 if	avallaD	ie						
	for public inspection. Indicate how you made these available Check all that apply								
	Own website Another's website W Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	<b>-</b>						
	TIFFANY ROGERS - 806-374-0802								
	1700 SOUTH POLK, AMARILLO, TEXAS 79102								

E	$\alpha \alpha \alpha$	(2013)	

#### JUNIOR LEAGUE OF AMARILLO

75-1035793

Page 7

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

Check if Schedule	O contains a response 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 organization ne	or any related	orga	ınıza	ation	cor	mpei	nsat	ted any current officer, of	director, or trustee			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	l (do	Position (do not check more than one		Reportable	Reportable	Estimated ,					
	hours per	ьох	box, unless		ox, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of
	week		Jer an		a director/trustee)		(66)	from	from related	other		
	(list any hours for	Individual trustee or director		1				the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	0 0	ee			sate		(W-2/1099-MISC)	(**-2/1099-10130)	organization		
	organizations	truste	al fro		yee	шрег		(** 2, 7000 111100)		and related		
	below	dra	Institutional trustee		Key employee	est co	<u>۔</u>			organizations		
	line)	횰	Instil	Officer	Key	Highest compensated employee	Former					
(1) NANCY GEORGE	1.00											
PRESIDENT		X		Х				0.	0.	0.		
(2) SARA RICHARDSON	1.00											
PRESIDENT-ELECT		Х		Х				0.	0.	0.		
(3) CAROL BRUCKNER	1.00											
COMMUNITY VICE-PRESIDENT		Х		X				0.	0.	0.		
(4) TYRA BLANDFORD	1.00											
FUNDRAISING VICE-PRESIDENT		Х		Х				0.	0.	0.		
(5) KASEY LONG	1.00											
RECORDING SECRETARY		Х		Х				0.	0.	. 0.		
(6) LESLIE CALLAHAN	1.00									·		
MEMBERSHIP VICE-PRESIDENT		Х		X				0.	0.	0.		
(7) LISA SIMPSON	1.00											
FINANCE VICE-PRESIDENT		Х		Х				0.	0.	0.		
(8) TIFFANY ROGERS	1.00											
FINANCE VICE-PRESIDENT ELE		Х						0.	0.	0.		
(9) EDWINA WOOD	1.00											
PUBLIC RELATIONS		X						0.	0.	0.		
(10) TRUDY KEELING	1.00											
NOMINATING		X		L.				0.	0.	0.		
(11) SONJA CLARK	1.00	j								-		
PLACEMENT		X						0.	0.	0.		
(12) CAROL BRIAN	1.00											
SUSTAINING ADVISOR		Х		Х				0.	0.	0.		
					ĺ							
	ļ				l							
					L	<u> </u>						
		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$				Ļ						
		1		İ								
	ļ	_	<u> </u>	<u> </u>	L	oxdot	$ldsymbol{ldsymbol{ldsymbol{eta}}}$					
	<u> </u>	1		ŀ	1	1		1				
	L							<u> </u>				

Occion A. Onicers, Directors, Trus	ices, itey Em	<u> </u>		, uii	4 1 11	9,,,	<u> </u>	ompensated Employe	00 (00//6//000)				
(A) Name and title	Name and title Average Position (do not check more than				one	( <b>D)</b> Reportable	<b>(E)</b> Reportable						
	hours per week (list any	box. offic	, unte	ss pe	rson	is bot or/trus	h an	compensation from the	compensation from related organizations			ount of	
	hours for related	Individual trustee or director	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro	oensatio om the anizatior	
	organizations below	dual truste	Institutional trustee		Key employee	Highest compensated employee	h .	(** 27 7000 *****************************			and	f related	i
	line)	India	institu	Officer	Key er	E P	Former						
			_			_						<del></del>	
		<u> </u>											
									_				
				_									
		-											
		$\vdash$											
		_					-						
1b Sub-total				l		<u></u>	<u> </u>	0.		0.			0.
<ul> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> </ul>	II, Section A						<b>&gt;</b>	0.		0.			0. 0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r		),000 of reportab	_			C
compensation from the organization												Yes I	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for a			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							relat	ted organization or indiv	idual for services		5		X
Section B. Independent Contractors							ore i	that recoved more than	\$100,000 of com	20000			
the organization. Report compensation for								n the organization's tax					
(A) Name and business address NONE Description of services									(C Comper	s) nsation			
	1												
												_	
2 Total number of independent contractors	(including but i	not li	ımıte	ed to	tho	se l	stec	d above) who received r	nore than				
\$100,000 of compensation from the organ	ization >					0	_					990 (20	112

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or	(C) Unrelated	( <b>D</b> ) Revenue excluded
					rotal rovolido	exempt function	business	from tax under sections 512 - 514
/0 ro l			<del></del>			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	70 456				
흥림	b	Membership dues	1b	79,456.				
A,ts	С	Fundraising events	1c	41,608.				
直	d	Related organizations	1d					-
ξË	е	Government grants (contribut	ions) 1e					
흥기	f	All other contributions, gifts, gran	ts, and					
호티		similar amounts not included abor	ve 1f					
gg	g	Noncash contributions included in lines	1a-1f \$		·			
<u>5 g</u>	h	Total. Add lines 1a-1f		<b>•</b>	121,064.			
				Business Code				
e c	2 a							
او چ	b							
Program Service Revenue	С							
ev le	d							
6 P	е							
٦	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
I	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	1,686.			1,686.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		<b>&gt;</b>				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses					•	
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities_	(II) Other				
		assets other than inventory						
	b	Less cost or other basis			,			
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						<b></b>
<u>o</u>	8 a							
venue		including \$ 41,6						
ě		contributions reported on line	1c) See					
Other Re		Part IV, line 18	а	135,690.				
Ě	b	Less: direct expenses	b	76,630.				
٦	С	Net income or (loss) from fund	draising events	<b></b>	59,060.			59,060.
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
•	10 a	Gross sales of inventory, less	returns					
		and allowances	а	3,784.				
	b	Less cost of goods sold	ь	2,933.				
	c	Net income or (loss) from sale	es of inventory		851.			851.
		Miscellaneous Revenu	16	Business Code				
	11 a	NEWSLETTER ADVE		511120	2,550.		2,550.	
	b	MISCELLANEOUS 1	NCOME	900099	140.			140.
	c							
	d	All other revenue	_ <del>_</del>					
	е	Total. Add lines 11a-11d		•	2,690.			
	12	Total revenue. See instructions.			185,351.	0.	2,550.	
33200 10-29	9 -13	· <del></del>			<u> </u>			Form <b>990</b> (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 48,334 48,334 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members ' Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,590. 18,590 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees) 11 Management **b** Legal 2,100. 4,759. 6,859. c Accounting Lobbying d e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,223. 493. 1,730 column (A) amount, list line 11g expenses on Sch O.) 240. 240. Advertising and promotion 12 <u>3,572.</u> 3,845. 273. Office expenses 13 2,468. 2,468. 14 Information technology 15 Royalties 6,663 6,663. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 30,564. 14,379 16,185 Conferences, conventions, and meetings 19 20 Interest 31,694 21 Payments to affiliates 31,694. 6,106 6,106 22 Depreciation, depletion, and amortization 10,276. 100. 10,176. Insurance 23 Other expenses. Itemize expenses not covered 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 O.) a EXPENSES ALLOCATED TO A 9,588. 9,588 9,254. **b MAINTENANCE AND REPAIRS** 9,254. c PRINTING-YEARBOOK 6,815. 6,815. 3,510. 3,510. d GIFTS & AWARDS 3,452. 11,235. 14,687. e All other expenses 69,371. 211,716. 142.345 0. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if 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) Beginning of year End of year 116,956. 90,214. 1 Cash - non-interest-bearing 1 212,365. 163,766. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 1,987. 2,369. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 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 6 7 7 Notes and loans receivable, net 34,332. 31,355. 8 Inventories for sale or use 116. 117. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 409,814. basis. Complete Part VI of Schedule D 10a 363,807. 39,015. 46,007. 10b 10c **b** Less accumulated depreciation 11 Investments - publicly traded securities 447,844. 498,434. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 852,615. 832,262. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,446. 4,848. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 74,478. 83,500. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 82,924. 88,348. 26 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 324,371. 300,564. 27 27 Unrestricted net assets 445,320. 443,350. 28 28 Temporanly restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 769,691. 743,914. 33 Total net assets or fund balances 832,262. 852,615. Total liabilities and net assets/fund balances 34

om	990 (2013) JUNIOR LEAGUE OF AMARILLO	75-103	5793	Pag	<sub>le</sub> 12			
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			40-					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	185	, 35	51.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	211					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> </u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	769		91.			
5	Net unrealized gains (losses) on investments	5		58	88.			
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	743	, 9:	<u> 14.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	- [					
	separate basis, consolidated basis, or both				ĺ			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ĺ	1			
	consolidated basis, or both			ŀ				
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	_	$\frac{1}{x}$				
	review, or compilation of its financial statements and selection of an independent accountant?							
	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 Sil	ngle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	···	<u> </u>	Form 9	990 (a	2013)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 75-1035793 JUNIOR LEAGUE OF AMARILLO Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Non-functionally integrated a L Type I Userial By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) ls the rganization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

#### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  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	Sec	tion A. Public Support			-			
membership fees received. (Do not include any Tunusual grants.*) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Subvival line 5 from line 4  Section B. Total Support Calendar year (or fiscal year beginning in)   A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any "unusual grants.")  2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subviacitime's from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carmed on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	1	Gifts, grants, contributions, and						_
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other mome. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carmed on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		include any "unusual grants.")						
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carmed on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	2	Tax revenues levied for the organ-						
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract lines 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		<u> </u>			]	ł		
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		or expended on its behalf						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	3	The value of services or facilities						
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage								
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15 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		· ·						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Inst 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	4	-						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Coros in E. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  9 Net income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		<u> </u>						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Ī							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7  Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage								
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		• •				1		
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		· ' · · · · · · · · · · · · · · · · · ·						
column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 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 B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Subtract line 5 from line 4  Section C. Computation of Public Support Percentage			:					
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether on the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Tirst 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	6	**			<u> </u>	<del>                                     </del>		
Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  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				l	<u> </u>	l		
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage			(4) 2000	(5) 2010	(0) 2011	(4)2312	10/2010	(1) 1014
dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage								
securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	Ü	•						
and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage								
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		· · · · · · · · · · · · · · · · · · ·					1	
activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	0			<u> </u>	<del> </del>			
business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	9							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		·						
or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	40	= :			<del> </del>	<del>† · · · · · · · · · · · · · · · · · · ·</del>		
assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	10	•						
11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage		·						
12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage					<del> </del>	1.		<u>.</u>
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage			ete (ece instructi		1	1	12	l
organization, check this box and stop here  Section C. Computation of Public Support Percentage					rd fourth or fifth t	tov voor oo o oostu		
Section C. Computation of Public Support Percentage	13		•	s mst, second, tri	ra, tourin, or mart	iax year as a section	7/1 30 1(C)(3)	
	Sec	etion C. Computation of Publ	ic Support Pe	rcentage				
		<u> </u>			column (fl)		14	%
· · · · · · · · · · · · · · · · · · ·					colariir (ij)		<del></del>	
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		,	•	•	on line 13 and line	14 is 33 1/3% or i	L:-L	
stop here. The organization qualifies as a publicly supported organization	102		=			14 13 00 17070 01 1	nore, check this b	
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	<b>L</b>			•		d lina 15 is 33 1/30	4 or more check t	hie hov
and stop here. The organization qualifies as a publicly supported organization	U	• •	•			U III 10 13 13 33 1737	o or more, check t	<b>▶</b> □
	17-	, ,				0 12 16c or 16h	and line 14 is 100/	or more
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	1/a		-	•				
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization		•			-	· ·	irt iv now the organ	nization _ [
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			-	•		•	474 45465 45	100/ -
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	b		_				•	
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.		<del>-</del>		•	,	- · · · · -		· <b>▶</b> 片
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a	box on line 13, 10	oa, 166, 17a, or 17			

## Schedule A (Form 990 or 990 EZ) 2013 JUNIOR LEAGUE OF AMARILLO Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	elow, please comp	note rare ii j	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>	-		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and	(,	(-7	107-0011	(4) 20 12		(7)		
	membership fees received. (Do not				•				
	include any "unusual grants ")	101,353.	92,209.	99,577.	116,884.	121,064.	531,087.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	87,961.	158,245.	161,563.	151,337.	139,474.	698,580.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			•			<u></u>		
5	The value of services or facilities furnished by a governmental unit to the organization without charge				:				
6	Total. Add lines 1 through 5	189,314.	250,454.	261,140.	268,221.	260,538.	1229667.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	11,500.	4,000.	6,000.	22,500.	10,000.	54,000.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
,	Add lines 7a and 7b	11,500.	4,000.	6,000.	22,500.	10,000.	54,000.		
	Public support (Subtract line 7c from line 6.)						1175667.		
	ction B. Total Support								
Cale	ndar 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	189,314.	250,454.	261,140.	268,221.	260,538.	1229667.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,870.	11,626.	6,668.	3,172.	1,686.	42,022.		
b	Unrelated business taxable income						, , , , , , , , , , , , , , , , , , , ,		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b	18,870.	11,626.	6,668.	3,172.	1,686.	42,022.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)	208,184.	262,080.	267,808.	271,393.	262,224.	1271689.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,		
	check this box and stop here								
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2013 (			column (f))		15	92.45 %		
	Public support percentage from 2012					16	88.42 %		
	ction D. Computation of Inves				-		2 20		
17	, ,	•	• •	ne 13, column (f))		17	3.30 % 5.01 %		
18	Investment income percentage from 2012 Schedule A, Part III, line 17  a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
198		-					17 is not ►X		
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	organization did n	ot check a box or	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and		
	line 18 is not more than 33 1/3%, che			· ·		•			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A	(Form 990 or 990-EZ) 201:	3 JUNIOR	LEAGUE	OF	AMARILLO		75-1035793 Page 4
Part IV	(Form 990 or 990 EZ) 2013 Supplemental Info	rmation. Provi	de the explan	ations	required by Part I	I, line 10; Part II, line 17a o	or 17b; and Part III, line 12
	Also complete this part for	or any additional	information. (	See in	structions).		
							•
							<u> </u>
		•					
	<del></del>						
				<del></del>			
							•
	<del></del>						<del></del>
-							_,_,
	••						
							, ,
							·
						,	
						<del></del>	
						-	
							· · · · · · · · · · · · · · · · ·
•							<del> </del>
	•	<u> </u>			•		

#### **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/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF AMARILLO

**Employer identification number** 75-1035793

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3 -	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor	_	used only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	•	
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	
-	year >	·	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.		o o
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		and the second s
	(i) Revenues included in Form 990, Part VIII, line 1	·	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS		3, protise
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>\$</b>
~		•	· · · · · · · · · · · · · · · · · · ·

Sche	dule D (Form 990) 2013 JUNIOR	LEAGUE OF	AMAR:	ILLO	_			75-10	357 <u>9</u> 3	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Oth	er Simil	ar Asse	t <b>s</b> (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	it are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	C	י וַיַי	oan or exc	hange progra	ams				
b	Scholarly research	e	. [ (	Other			_			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	empt purp	ose in Par	XIII.	
5	During the year, did the organization solicit o					er sımıla	ır assets	<u> </u>	٦	
	to be sold to raise funds rather than to be ma								」Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" to	Form 990	), Part IV, I	ine 9, or	,
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets no	t included		٦.,	$\Box$ .
	on Form 990, Part X?								」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able.						
	Danisara balanca						10		Amount	•
	Beginning balance						1c 1d			
	Additions during the year									<del></del>
e	Distributions during the year						1e 1f			
700	Ending balance  Did the organization include an amount on Fe	orm 000 Bort V line	. 212						Yes	□ No
	If "Yes," explain the arrangement in Part XIII			n has heen	nrovided in	Dart YIII			J 165	<b>=</b> "
Par										
		(a) Current year		nor year	(c) Two year		(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	(a) outtone your	(-).	,	(0,)			,		
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		1							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for	the organı	zation	_	
	py.								_	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Pai	t VI Land, Buildings, and Equipm						L 40			
	Complete if the organization answere					i –		<u> </u>	(-I) D1	
	Description of property	(a) Cost or o			t or other (other)		Accumulate epreciation	I	(d) Book	value
4-	Land	Dasis (illvest	erit/	פופטת	(Juliul)		PICCIALIO	<del>'  </del>		
	Land Buildings	228,	509			<u> </u>	212,3	59.	1 6	5,150.
	Leasehold improvements	220,	202.				,	<del>~~</del>		, 1000
	Equipment	87.	790.			-	69,1	61.	1.8	3,629.
	Other .		515.				82,2			L,228.
	. Add lines 1a through 1e. (Column (d) must e			nn (B), line	10(c) )	•	•	ightharpoonup		5,007.

1	(a) Description of liability	(b) book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		

(8) (9) 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

(7)

Schedule D	(Form 990) 2013	OUNIOK DEAG	OE OF	AMAKILLO		13-1033133 Pa	age <b>5</b>
Part XIII	Supplemental	Information (continued)					
	_ • •	, ,				-	
•							
						<u> </u>	
					<del></del>		
					· · · · · · · · · · · · · · · · · · ·		
						1185	
						•	
		· · · · · · · · · · · · · · · · · · ·					
						<del></del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>						
	<u> </u>						
					· · · · · · · · · · · · · · · · · · ·		-
<del></del>							
						<del>.</del>	
	· <del></del>						
				<del></del>			
	·	· <del></del> - · ·		··· ·· · · · · · · · · · · · · · · · ·			
<del></del>					<u> </u>		
	<del></del>		•				
					<del></del>		

#### 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.

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

OMB No 1545-0047

2013

Open To Public

Employer identification number

JUNIOR	LEAGUE OF AMARILLO	)			75-1035	793
Part I. Fundraising Activities. required to complete this part	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>			<b>&gt;</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration
					<u>.                                    </u>	
· · · · · · · · · · · · · · · · · · ·				<del></del>	<u> </u>	
					***	
					<del></del>	·
					<del></del> ·	
		<u> </u>				

		of fundraising event contributions and gro	oss income on Form 990	FEZ, lines i and ob. List (	events with gross receip	ots greater than \$5,000.
_			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BEST OF	RUN FOR THE		
	İ		TEXAS (GALA,		1	(add col. (a) through
	ĺ		(event type)	(event type)	(total number)	col (c))
٩nر			(	(======,,,==,	(	
Revenue	۱,	Gross receipts	170,950.	6,348.		177,298.
Re	1	Gross receipts	1707550	0,010.		177,2500
		Lanci Cantula diana	37,101.	4,507.		41,608.
	2	Less <sup>.</sup> Contributions	37,101.	4,50,0		11,0001
	,	Gross income (line 1 minus line 2)	133,849.	1,841.		135,690.
	3	Gross income (line 1 minus line 2)	133,013.	2,011.		
	,	Cash prizes				
	7	Cash prizes				<del></del>
	_	Noncash prizes	17,177.			17,177.
Š	5	Noncash prizes				17,17.
Direct Expenses	_	Don't feether costs	14,734.			14,734.
хре	6	Rent/facility costs	14,734.			14,/34.
Ð	۱_		2,620.			2,620.
rec	7	Food and beverages	2,020.			2,020.
۵	_		20 500	}		20 500
	8	Entertainment	20,500. 18,787.	2,715.	97.	20,500. 21,599.
	9	Other direct expenses		4,713.	91.	
	10	,				76,630.
De	irt	Net income summary Subtract line 10 from li  III   Gaming. Complete if the organization	ne 3, column (d)	.000 Dark IV lima 10 ava		59,060.
Fe	ar t		answered Yes to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	T	I st a Dull toho (noton)		1,57,1
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billyo/progressive billyo		coi. (a) trilough coi. (c)
Æ						
	1	Gross revenue			·=	
es	2	Cash prizes				<u> </u>
ens						
Direct Expenses	3	Noncash prizes				
ij				1		
Ç	4	Rent/facility costs		1		
_						
	5	Other direct expenses				
	5		Yes%	I≡ '•3—— ″I	<b>= "</b> "	The state of the s
	5 6	Other direct expenses  Volunteer labor	Yes% No	Yes% No	Yes % No	
	6	Volunteer labor	No No	I≡ '•3—— ″I	<b>= "</b> "	
		Volunteer labor	No No	I≡ '•3—— ″I	<b>= "</b> "	
	6	Volunteer labor  Direct expense summary Add lines 2 through	No No n 5 in column (d)	I≡ '•3—— ″I	<b>= "</b> "	
	6	Volunteer labor	No No n 5 in column (d)	I≡ '•3—— ″I	<b>= "</b> "	
	6 7 8	Volunteer labor  Direct expense summary Add lines 2 through  Net gaming income summary. Subtract line 7	No  1 5 in column (d)  2 from line 1, column (d)	I≡ '•3—— ″I	<b>= "</b> "	
	6 7 8	Volunteer labor  Direct expense summary Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization opera	No  n 5 in column (d)  from line 1, column (d)  tes gaming activities:	No No	<b>= "</b> "	
a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization operate organization licensed to operate gaming act	No  n 5 in column (d)  from line 1, column (d)  tes gaming activities: ctivities in each of these	No No	<b>= "</b> "	Yes No
a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization opera	No  n 5 in column (d)  from line 1, column (d)  tes gaming activities: ctivities in each of these	No No	<b>= ""</b>	
a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization operate organization licensed to operate gaming act	No  n 5 in column (d)  from line 1, column (d)  tes gaming activities: ctivities in each of these	No No	<b>= ""</b>	
a b	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through Net gaming income summary. Subtract line 7 iter the state(s) in which the organization operate organization licensed to operate gaming activo, explain:	No No n 5 in column (d) from line 1, column (d) ttes gaming activities: ctivities in each of these	No No states?	No No	Yes No
10a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through Net gaming income summary. Subtract line 7 ster the state(s) in which the organization operate organization licensed to operate gaming active, explain:	No No No n 5 in column (d) from line 1, column (d) tes gaming activities: ctivities in each of these	states?	No No	
10a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through Net gaming income summary. Subtract line 7 ster the state(s) in which the organization operate organization licensed to operate gaming active, explain:	No No n 5 in column (d) from line 1, column (d) ttes gaming activities: ctivities in each of these	states?	No No	Yes No
10a	6 7 8 En	Volunteer labor  Direct expense summary Add lines 2 through Net gaming income summary. Subtract line 7 ster the state(s) in which the organization operate organization licensed to operate gaming active, explain:	No No No n 5 in column (d) from line 1, column (d) tes gaming activities: ctivities in each of these	states?	No No	Yes No

Sch	edule G (Form 990 or 990 EZ) 2013 JUNIOR LEAGUE OF AMARILLO 75-	1035793	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
٠	to administer chantable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		·
	i The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
'-	Tarker the flame and address of the person who prepares the organization organization organization of gaming special events become and records.		
	Name		
	Traine P		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		<u> </u>
	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		
·	retain the state gaming license?	Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	lines 9, 9b, 10	0b 15b
<u> </u>	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	,	30, .00,
_			
			_
_			

SCHEDULE (Form 990) Internal Revenue Service

Department of the Treasury

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

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

▶ Attach to Form 990.

2013	Open to Public	Inspection

.. ,

OMB No 1545-0047

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

Schedule I (Form 990) (2013) ² Employer Identification number AMILIES AND INDIVIDUALS 75-1035793 AIDS IN HEALING PROCESS NAMP FOR KIDS WHO HAVE OR GRIEVING CHILDREN (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any CANCER Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 7,000. 000 9 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. JUNIOR LEAGUE OF AMARILLO 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 75-2226804 74-3079848 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 1721 SOUTH TYLER STREET HOPE & HEALING PLACE Name of the organization AMARILLO, TX 79102 AMARILLO, TX 79116 P.O. BOX 3819 CAMP ALPHIE Part I Part 11

332101 10-29-13

Page 2

75-1035793

JUNIOR LEAGUE OF AMARILLO

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2013)

Part III

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part IV

### **SCHEDULE 0**

(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 Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. · Inspection .... Name of the organization **Employer identification number** JUNIOR LEAGUE OF AMARILLO 75-1035793 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE PRESIDENT, PRESIDENT-ELECT AND TREASURER REVIEWED THE TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE AT JUNIOR LEAGUE OF AMARILLO'S OFFICE UPON REQUEST. FORM 990, PART XII, LINE 2C EXPLANATION: THERE HAVE BEEN NO CHANGES TO THE FINANCE COMMITTEE'S PROCESS CONCERNING THE AUDIT FROM THE PRIOR YEAR.



Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• if you ar							
,	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>X</b>	
<ul><li>If you ar</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
	mplete Part II unless you have already been granted						
	filing (e-file). You can electronically file Form 8868 if					poration	
	o file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in pag						
	rs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corporat	non required to file Form 990-T and requesting an autor						
Part I only						<b>▶</b> □	
All other co	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reque	st an exter	nsion of time		
	me tax returns.				er's identifying n	umber	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nur	nber (EIN) o	
print	· -						
JUNIOR LEAGUE OF AMARILLO					75-10357	93	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	ecunty number (SS	SN)	
filing your	1700 SOUTH POLK						
return See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	lress, see instructions.				
	AMARILLO, TX 79102						
•	· · · · · · · · · · · · · · · · · · ·	-					
Enter the R	Return code for the return that this application is for (file	e a separa	te application for each return)		•	0 1	
Application	n	Return	Application			Return	
ls For	•	Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-E		02	Form 1041-A		0		
	ı (ındıvıdual)	03	Form 4720 (other than individual)			09	
Form 990-F		04	Form 5227			10	
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
	Γ (trust other than above)	06	Form 8870		<u> </u>	12	
	TIFFANY ROGERS						
• The boo	oks are in the care of <b>&gt;</b> 1700 SOUTH POLE	( – A1	MARILLO, TX 79102				
	one No. ► 806-374-0802		Fax No. ▶				
•	ganization does not have an office or place of business	in the Un				<b>▶</b> □	
	for a Group Return, enter the organization's four digit (						
-			mbuon number (GEN)	lf this is fo	r the whole aroup.	check this	
If this is					_		
● If this is	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	_		
If this is box ▶ □	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs on to file Form 990-T) extension of time	f all memb until	ers the extension		
lf this is box ▶ ☐ 1 I requ	. If it is for part of the group, check this box Liest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exemption	and atta	ch a list with the names and EINs on to file Form 990-T) extension of time	f all memb until	ers the extension		
lf this is box ▶ ☐ 1 I requ	. If it is for part of the group, check this box leaves an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015 to file the exemptation of the organization's return for:	and atta	ch a list with the names and EINs on to file Form 990-T) extension of time	f all memb until	ers the extension		
If this is  box   1   requ  is for	. If it is for part of the group, check this box less an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempt the organization's return for:    calendar year or	and atta required to torganizat	ch a list with the names and EINs on the file Form 990-T) extension of time tion return for the organization name	f all memb until ed above.	ers the extension		
If this is box   1 I require is for	. If it is for part of the group, check this box leaves an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015 to file the exemptation of the organization's return for:	and atta required to torganizat	ch a list with the names and EINs on to file Form 990-T) extension of time	f all memb until ed above.	ers the extension		
If this is box    I require is for    X	. If it is for part of the group, check this box lest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempted the organization's return for:    calendar year or   calendar year   calendar year	and atta required torganizati	ch a list with the names and EINs on to file Form 990-T) extension of time tion return for the organization named endingJUN_30_,2014	f all memb until ed above.	The extension		
If this is box    1 I require is for    2 If the	. If it is for part of the group, check this box business an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempted the organization's return for:  calendar year or tax year beginning JUL 1, 2013  tax year entered in line 1 is for less than 12 months, cleaning in accounting period	and atta required to torganizati , and heck reaso	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named endingJUN_30_,2014_ on: Initial return	f all memb until ed above.	The extension		
If this is book    1 I require is for    2 If the    3a If this	. If it is for part of the group, check this box buest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempted the organization's return for:  calendar year or tax year beginning JUL 1, 2013  tax year entered in line 1 is for less than 12 months, cleaning in accounting period application is for Forms 990-BL, 990-PF, 990-T, 4720,	and atta required to torganizati , and heck reaso	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named endingJUN_30_,2014_ on: Initial return	f all memb until ed above.	The extension	is for.	
If this is box    1 I require is for    2 If the    3a If this    nonre	. If it is for part of the group, check this box buest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempted the organization's return for:	and atta required to organizate , and heck reason or 6069, or	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named endingJUN_30_,2014  Den: Initial return	f all memb until ed above.	The extension	is for.	
If this is boox    1	. If it is for part of the group, check this box  Lest an automatic 3-month (6 months for a corporation  FEBRUARY 15, 2015, to file the exempt  the organization's return for:  Later calendar year or  Later tax year beginning JUL 1, 2013  That tax year entered in line 1 is for less than 12 months, cleaning in accounting period  sapplication is for Forms 990-BL, 990-PF, 990-T, 4720, effundable credits. See instructions.  sapplication is for Forms 990-PF, 990-T, 4720, or 6069	and atta required to required to reason neck reason or 6069, 6	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named endingJUN_30_,2014 on: Initial return enter the tentative tax, less any refundable credits and	f all memb until ed above. Final retur	The extension  The extension	is for.	
If this is box    1	. If it is for part of the group, check this box Lest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exempted the organization's return for:    calendar year	and atta required to required to reason or 6069, or enter any ayment al	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named dendingJUN_30_,2014 on: Initial return enter the tentative tax, less any refundable credits and lowed as a credit.	f all memb until ed above.	The extension	is for.	
If this is box    1	. If it is for part of the group, check this box  Lest an automatic 3-month (6 months for a corporation  FEBRUARY 15, 2015, to file the exempt  the organization's return for:  Later calendar year or  Later tax year beginning JUL 1, 2013  That tax year entered in line 1 is for less than 12 months, cleaning in accounting period  sapplication is for Forms 990-BL, 990-PF, 990-T, 4720, effundable credits. See instructions.  sapplication is for Forms 990-PF, 990-T, 4720, or 6069	and atta required to required to reason neck reason or 6069, or nenter any ayment all yment with	ch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named dending	f all memb until ed above. Final retur	The extension  The extension		